

Agency 100

**Kansas State Board of Healing Arts**

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**Article 1.—BOARD OF HEALING ARTS**

**100-1-1. Seals.** This board shall have a common seal which shall be used to authenticate all official acts and documents of the board. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; amended Feb. 15, 1977.)

**100-1-2.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked Feb. 15, 1977.)

**100-1-3. Not in active use.**

**Article 2.—OFFICERS**

**100-2-1.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked May 1, 1988.)

**100-2-2. Term.** The officers herein provided for shall hold office for a term of one (1) year and until their successors are elected and qualified. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966.)

**100-2-3. President; duties.** It shall be the duty of the president to preside at all meetings of the board and perform such other duties as authorized or required by law or as may be specifically assigned by the board. The president shall countersign the minutes of board meetings when approved. The president is authorized to appoint

such standing committees as the board may direct and may appoint special committees for special purposes. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2818, as amended by L. 1987, Ch. 240, Sec. 6; effective Jan. 1, 1966; amended May 1, 1988.)

**100-2-4. Vice-president; duties.** In the absence or disability of the president at any regular or special meeting, the vice-president shall possess all the powers of the president during such meeting and shall countersign the minutes of such meeting when approved. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966.)

**100-2-5.** (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2818; effective Jan. 1, 1966; amended Feb. 15, 1977; amended May 1, 1979; amended, T-87-42, Dec. 19, 1986; amended May 1, 1987; revoked May 1, 1988.)

**100-2-6.** (Authorized by K.S.A. 65-2865, K.S.A. 65-2878; effective Jan. 1, 1970; amended Feb. 15, 1977; revoked May 1, 1988.)

**Article 3.—COMMITTEES**

**100-3-1. Appointment.** The president is empowered to appoint special committees for special purposes upon his or her own motion and

when directed by a majority of the board. Members serving on any committee shall receive no salary or compensation for services other than the compensation provided by K.S.A. 65-2823. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Feb. 15, 1977; amended May 1, 1979.)

#### **Article 4.—VACANCIES**

**100-4-1. Causes.** A vacancy shall occur in any board office herein provided for when the person holding that office resigns or is no longer a member of the board. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; amended Feb. 15, 1977.)

**100-4-2. Filling.** Vacancies in any office other than that of president shall be filled by a temporary appointment by the president, which temporary appointment shall continue until the next regular or special meeting of the board at which time one of the members of the board shall be elected to fill such vacancy for the unexpired term. If a vacancy occurs in the office of president, the vice-president shall act as president until the next regular meeting of the board at which time one of the members of the board shall be elected to fill such vacancy for the unexpired term. (Authorized by K.S.A. 65-2865; effective Feb. 15, 1977.)

#### **Article 5.—MEETINGS**

**100-5-1. Meetings.** (a) The annual meeting of the board shall be its first regular meeting subsequent to July 1 of each year.

(b) Prior to January 1 of each year the board shall designate the dates, times and places of its regular meetings for the next calendar year. Any changes to the dates, times or places of such meetings may be made by the board at any regular meeting or special meeting called for that purpose. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2819; effective Jan. 1, 1966; amended Feb. 15, 1977; amended May 1, 1988.)

**100-5-2. Special.** (a) Special meetings may be called by the president at any time.

(b) The president shall call a special meeting when a written request is made by a quorum of the board setting forth an agenda of business to be transacted at that meeting.

(c) Notice of the date, time and place of any special meeting and an agenda of business to be

transacted at that meeting shall be furnished to each member of the board at least five days prior to the meeting.

(d) No business shall be transacted at a special meeting except as set forth in the agenda furnished pursuant to subsection (c) above. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2819; effective Jan. 1, 1966; amended Feb. 15, 1977; amended May 1, 1988.)

**100-5-3.** (Authorized by K.S.A. 65-2865, 65-2822; effective Feb. 15, 1977; revoked May 1, 1988.)

#### **100-5-4. Order of business.**

Roll call

Consideration of and action upon minutes of a previous meeting

Approval of agenda

Reports of employees

Reports of officers

Reports of committees

Unfinished business

New business

Adjournment

Parliamentary procedure not covered by these rules shall be governed by Roberts' Rules of Order. (Authorized by K.S.A. 65-2865; effective Feb. 15, 1977.)

#### **Article 6.—LICENSES**

**100-6-1. Granting.** Licenses to practice the healing arts in the state of Kansas shall be issued by examination or endorsement to qualified applicants who have complied with the requirements of the laws of the state of Kansas and the rules of this board adopted pursuant thereto. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; amended Feb. 15, 1977.)

**100-6-2. General qualifications.** (a) Each applicant for licensure in medicine and surgery who is a graduate of an accredited school of medicine shall present to the board proof of completion of a postgraduate training or residency training program that is at least one year in length. This program shall have been approved by the council of education of the American medical association or its equivalent in the year in which the training took place.

(b) Each applicant for licensure in medicine and surgery who is a graduate of an unaccredited school of medicine shall present to the board

proof of completion of a postgraduate training or residency training program that is at least two years in length. This program shall have been approved by the council of education of the American medical association or its equivalent in the year in which the training took place.

(c) Each applicant for licensure in osteopathic medicine and surgery who is a graduate of an accredited school of osteopathic medicine shall present to the board proof of completion of a postgraduate training program that is at least one year in length. This program shall have been approved by the American osteopathic association or its equivalent in the year in which the training took place.

(d) Each applicant for licensure in chiropractic who matriculates in chiropractic college on or after January 1, 2000 shall present proof of having received a baccalaureate degree from an accredited school or college. If the baccalaureate degree is granted by a chiropractic school or college, at least 90 semester hours applicable to the baccalaureate degree shall be earned at an accredited school or college, with none of these hours applying to the doctor of chiropractic degree. For purposes of this subsection, an "accredited school or college" shall meet the standards for accreditation of the north central association of colleges and schools or its regional equivalent, as in effect July 1, 1999, which are hereby adopted by reference. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2873; effective Jan. 1, 1966; amended Feb. 15, 1977; amended May 1, 1979; amended, T-86-44, Dec. 18, 1985; amended May 1, 1986; amended May 23, 1997; amended, T-100-11-5-99, Nov. 5, 1999; amended March 10, 2000.)

**100-6-3. Approved school of medicine and surgery.** (a) Each school of medicine and surgery seeking approval pursuant to L. 1985, ch. 216, Sec. 3, shall on balance meet the following minimum standards:

(1) The school shall be accredited by the liaison committee on medical education of the association of American medical colleges or the council on medical education of the American medical association, the American osteopathic association bureau of professional education and the committee on postdoctoral training or the committee on accreditation of Canadian medical schools of the association of Canadian medical colleges and the Canadian medical association.

(2) The school shall have been approved for

licensure in other states or its students shall have been authorized to perform clerkships or postgraduate training in other states.

(3) The school shall have been in existence for a sufficient number of years to ensure that an adequate program has been developed;

(4) The school shall be located in a college that is legally recognized and authorized by the jurisdiction in which it is located to confer the M.D. or D.O. degree.

(5) The school shall require the applicant, upon graduation, to have completed a total medical instruction of not less than 132 weeks in duration over a time period of not less than 35 months.

(6) The school shall include instruction in at least the following:

- (A) Basic science
  - (i) Anatomy
  - (ii) Biochemistry
  - (iii) Physiology
  - (iv) Microbiology
  - (v) Pharmacology
  - (vi) Pathology
  - (vii) Physical diagnosis
- (B) Clinical process
  - (i) Obstetrics/gynecology
  - (ii) Medicine
  - (iii) Pediatrics
  - (iv) Psychiatry
  - (v) Surgery
- (7) Clinical clerkships.

(A) The school shall have a clerkship phase which the student performs in a clinical facility or facilities controlled by or affiliated with the medical college and supervised by one or more faculty members.

(B) The clerkship shall consist of a hands-on, supervised exposure to patients which is planned, supervised, and monitored by the medical college in cooperation with the clinical facility.

(C) Each clerkship shall last between four to 12 weeks with the total clerkship phase lasting at least 18 months.

(D) The students shall satisfactorily perform clerkships in at least the following areas: internal medicine, surgery, pediatrics, obstetrics/gynecology and psychiatry.

(E) Any additional electives shall be taken in a clinical facility approved for active postgraduate training in that school.

(8) If the school allows students to take an examination in lieu of attending and completing

courses or accepts transfer credit for courses, the applicant shall have taken semester courses at another institution of a similar quality.

(9) The school shall have articles of affiliation between the medical college and each clinical facility which clearly defines the rights and responsibilities of each party, including agreements regarding the role and authority of the governing bodies of both the hospital and the medical college, and if portions of the required clinical or basic science curriculum are offered at different geographical sites, the curriculum shall be planned, supervised, administered, and evaluated in concert with appropriate faculty committees, department chairpersons and administrative officers of the parent school.

(10) The school shall have a balanced faculty comprised of a sufficient number of full-time biomedical and clinical instructors to ensure that the educational obligations to the student are fulfilled and the ratio between full-time faculty and students shall be substantially equivalent to the ratio at the University of Kansas School of Medicine. The faculty shall have an M.D. degree or an equivalent degree in the area in which they teach and shall demonstrate competence in the biological, behavioral, and clinical sciences, as evidenced by membership in appropriate specialty boards, publications or similar accomplishments.

(11) Library facilities.

(A) The school shall have a well-maintained catalogue library, sufficient in size and breadth to support the educational programs offered by the institution.

(B) The library shall receive the leading biomedical and clinical periodicals and the current volumes of those periodicals shall be readily accessible.

(C) The library and other learning resource centers shall be adequately equipped to allow students to learn new methods of retrieving information, and to use self-instructional material.

(D) The library shall have a professional library staff to supervise the library, provide instruction in its use, and respond to the needs of the medical school.

(12) The substantial cost of conducting the school shall be derived from diverse sources, such as tuition, endowments, earnings by the faculty, parent university, annual gifts, grants from organizations and individuals, and government appropriations. Tuition shall not be the predominant source of income.

(13) The school's admission requirements shall require an undergraduate degree or equivalent educational experience, and shall have instituted criteria by which applicants are evaluated and accepted for admission which shall include a balance of educational experience, pre-medical examination scores, and other relevant experience.

(14) The school shall maintain permanent student records that summarize admissions, credentials, grades, and other records of performance.

(15) The school shall have laboratory facilities with a sufficient number of modern equipment and specimens to ensure that each student obtains adequate clinical and basic science training.

(b) Effect of disapproval on pending application. When the board disapproves a school of medicine and surgery, the disapproval notice shall set forth:

(1) The period of time covered by the evaluation and which of the minimum requirements in subsection (a) the program failed to satisfy; or

(2) A statement that disapproval was based on the receipt of insufficient information concerning the program. If the board determines that a school, previously approved pursuant to subsection (a), must be disapproved, the board shall set a date after which a person graduating shall be considered not to have graduated from an approved school. Any school which has been disapproved may request a hearing or other appropriate action pursuant to the Kansas administrative procedures act.

(c) Annual publication. A list of all approved schools shall be published after July 1 of each year and provided to all of the approved schools of graduate medical education within the State of Kansas, the Kansas state medical society, the Kansas hospital association, Kansas osteopathic association, and to any person or organization making written request. The list shall also contain any schools disapproved in the preceding year.

(d) Reevaluation of an approved school.

(1) Any approved school of medicine and surgery may be reevaluated whenever the board has reason to believe that the school has failed to satisfy the minimum requirements of subsection (a).

(2) If any school is disapproved after the reevaluation, written notice shall be sent to the subject medical school, advising the administration that they may either submit written comments or request a hearing before the board within 15 days. The provisions of the Kansas administrative pro-



cedures act shall apply to any hearing under this subsection.

(3) If any school previously approved is subsequently disapproved by the board, the disapproval shall not disqualify any physician temporarily or permanently licensed in Kansas with respect to the license then held. For purposes of this regulation, any person holding a current and valid temporary permit issued by the board without disclaimer, conditions, or restriction on it, and who applies for and satisfies all requirements for full licensure shall not be disqualified if the program that served as the basis for that person's licensure is subsequently disapproved. (Authorized by K.S.A. 65-2865; implementing L. 1985, Ch. 216, sec. 3; effective Jan. 1, 1966; amended Feb. 15, 1977; amended, T-86-44, Dec. 18, 1985; amended May 1, 1986.)

**100-6-4. Applications for licensure by examination.** Applicants for licensure by examination shall submit the following requirements not later than sixty (60) days preceding the date of examination:

1. A written application, on a form prescribed by the board with the full name and address of the applicant subscribed thereto.

2. A photograph of the applicant, exactly 3 × 4 inches in size, taken within ninety (90) days prior to the making of application and a certificate of the photographer upon the reverse side showing the date and place such picture was taken. A thumb print on back of photograph shall be taken by any law enforcement agency or in the office of the board of healing arts and certified by the person taking the print.

3. An affidavit specifying in detail that the applicant has met the following minimum educational requirements:

(a) A graduate of an accredited healing arts school or college stating the name and location of such school or college and the date of graduation. This affidavit shall further state that the applicant is the identical person attending the school and receiving the degrees claimed in such affidavit.

(b) A certified copy of accredited healing arts school or college diploma.

4. Evidence of proficiency in basic science issued by the national board of medical examiners, the national board of examiners of osteopathic physicians and surgeons or the national board of chiropractic examiners or such other examining

body as may be approved by the board or in lieu thereof pass such examination as the board may require in the basic science subjects.

5. A certificate of the applicant's good moral character signed by two (2) reputable teachers or practitioners of the healing arts licensed in some state of the United States personally acquainted with the applicant. (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2873; effective Jan. 1, 1966; amended Feb. 15, 1977.)

**100-6-5. Application for licensure of foreign graduates by examination.** Persons graduating from healing arts schools or colleges located in a country other than the United States of America and applying for a license shall, in addition to the requirements set out in K.A.R. 100-6-2 and 100-6-4, meet the following:

(a) A certificate that the applicant has met the requirements and received a standard certificate from the educational council for foreign medical graduates, passed the visa qualifying examinations or has successfully completed a fifth pathway program approved by the board of healing arts.

(b) Proof that the healing arts school or college from which the applicant graduated meets the requirements set out in K.S.A. 65-2874, 65-2875 and 65-2876. Proof may include but not be limited to information concerning the curriculum of such school, the grading system in use, and foreign association or government accreditation.

(c) All documents and material required by K.A.R. 100-6-5 shall be translated into English and a certificate of the correctness shall be provided. These copies shall be notarized as true copies.

(d) Proof that the applicant has reasonable ability to communicate with the general public in English. (Authorized by K.S.A. 65-2865; effective Feb. 15, 1977; amended May 1, 1979.)

## Article 7.—EXAMINATIONS

**100-7-1. Designated examinations for medicine and surgery and osteopathic medicine and surgery; passing grade.** (a) Applications before July 1, 2000.

(1) Each applicant for licensure by examination in medicine and surgery who applies before July 1, 2000 shall, as a requirement for licensure, successfully complete one acceptable combination of sections of examinations identified below in table 1.

TABLE 1—Medicine and Surgery Examination Sequence

A. Examination titles		
National board of medical examiners (NBME): part I, part II, part III. Federation licensing exam (FLEX): component 1, component 2. United States medical licensing exam (USMLE): step 1, step 2, step 3.		
B. Acceptable combinations		
NBME part I + NBME part II + NBME part III	FLEX component 1 + FLEX component 2	USMLE step 1 + USMLE step 2 + USMLE step 3
NBME part I or USMLE step 1 + NBME part II or USMLE step 2 + NBME part III or USMLE step 3	FLEX component 1 + USMLE step 3	NBME part I or USMLE step 1 + NBME part II or USMLE step 2 + FLEX component 2

(2) Each applicant for licensure by examination in osteopathic medicine and surgery who applies before July 1, 2000 shall, as a requirement for licensure, successfully complete one acceptable combination of sections of examinations identified above in table 1, except that as an alternative to completing part I, part II, or part III of the NBME examination, the applicant may complete part I, part II, or part III, respectively, of the national board of osteopathic medical examiners (NBOME) examination, or level 1, level 2, or level 3, respectively, of the comprehensive osteopathic medical licensing examination (COMLEX), administered by the national board of osteopathic medical examiners.

(b) Applications on or after July 1, 2000.

(1) Each applicant for licensure by examination in medicine and surgery who applies on or after July 1, 2000 shall successfully complete step 1, step 2, and step 3 of the USMLE. To satisfy the requirements for licensure, the applicant shall complete all remaining portions of the USMLE within 10 years after passing step 1 of the examination.

(2) Each applicant for licensure by examination in osteopathic medicine and surgery who applies on or after July 1, 2000 either shall successfully complete step 1, step 2, and step 3 of the USMLE or shall successfully complete level 1, level 2, and level 3 of the COMLEX examination. To satisfy the requirements for licensure, the applicant shall complete all remaining steps of the USMLE examination or levels of the COMLEX examination

within 10 years after passing step 1 or level 1 of the examination.

(c) Each applicant for licensure by endorsement shall show proof of successful completion of an examination that met the Kansas requirements for licensure by examination at the time the applicant completed the examination.

(d) To qualify for licensure, each applicant shall obtain a two-digit reported score of at least 75 on each step, part, component, or level of the examination.

(e)(1) Each applicant for licensure by examination who requests to sit for step 3 of the USMLE or level 3 of the COMLEX as a candidate sponsored by the board shall submit an application for licensure that satisfactorily shows that the applicant has met all qualifications for licensure except for completion of the examination.

(2) Any applicant who is sponsored by the board to sit for step 3 of the USMLE or level 3 of the COMLEX and who fails to successfully complete that step or level of the examination on three or more occasions shall not be eligible to sit for that step or level of the examination without completing additional educational requirements ordered by the board. (Authorized by K.S.A. 1999 Supp. 65-2828 and K.S.A. 65-2865; implementing K.S.A. 1999 Supp. 65-2828, K.S.A. 65-2833, and K.S.A. 65-2873; effective Jan. 1, 1966; amended Feb. 15, 1977; amended July 7, 2000.)

**100-7-2.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2873; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; revoked Feb. 15, 1977.)

**100-7-3.** (Authorized by K.S.A. 65-2865, 65-2874, K.S.A. 1976 Supp. 65-2875, 65-2876; effective Jan. 1, 1966; amended Jan. 1, 1973; revoked Feb. 15, 1977.)

**100-7-4.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2873; effective Jan. 1, 1966; amended Jan. 1, 1970; revoked Feb. 15, 1977.)

**100-7-5.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2873; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; revoked Feb. 15, 1977.)

## Article 8.—LICENSE BY ENDORSEMENT

**100-8-1. Issuance; requirement.** The board, without examination, may issue a license to

persons who meet requirements set out in K.S.A. 65-2833. (a) All applicants for endorsement from other countries may be required to personally appear before the board.

(b) In order that the board may determine the standards established by law and rule in other countries the applicant will be responsible in furnishing to the board credible evidence such as affidavits, documents, publications and other material which will demonstrate the following: (1) Standards of the medical school of graduation.

- (A) requirements for admission
- (B) content of courses
- (C) number of applicants as compared to number of admissions
- (D) program of specialty training available
- (E) faculty-student ratio
- (F) description of physical plant
- (G) credentials of instructors
- (H) volumes and periodicals maintained in medical library
- (I) type of laboratory facilities
- (J) type of X-ray and diagnostic equipment in use
- (K) method through which the school is financed
- (L) number and type of examinations given during the school year
- (M) construction and type of organization that accredits the school and monitors the continued accreditation
- (N) requirements for graduation
- (2) Standards of the national examination required prior to licensure: (A) education and practical requirements prior to applicant qualifying to take the national examination
- (B) construction and type of organization that makes up the national examination
- (C) type of examination—written, oral, number of questions, length of examination, how monitored
- (D) pass-fail rate
- (E) questions from sample or past examinations. (Authorized by K.S.A. 65-2833, 65-2834 and 65-2965; effective Jan. 1, 1970; amended Jan. 1, 1973; amended Feb. 15, 1977; amended May 1, 1979.)

**100-8-2. Applications.** All applications for endorsement registration shall be upon forms furnished by the Kansas healing arts board and these forms shall contain the following in plain, legible writing:

- (a) Name in full.
- (b) Post office address.
- (c) Purpose of Kansas license.
- (d) Date and place of birth.
- (e) Certified statement in detail of professional education showing healing arts schools or colleges attended, periods of study, degrees obtained and date of graduation.
- (f) Photograph, exactly three by four inches (3" × 4"), taken within ninety (90) days prior to date of application and certificate of the photographer on the back of the photograph showing date and place of the photograph. A thumb print on back of photograph shall be taken by any law enforcement agency or in the office of the board of healing arts and certified by the person taking the print.
- (g) Affidavit of the applicant that he or she is the identical person completing the education requirements as provided in K.A.R. 100-6-2 [and] the photograph and thumb print submitted is that of the applicant.
- (h) A certificate signed by the president or secretary of some county, district, state or country professional healing arts society, setting forth that the applicant is a member in good standing of said society, that he or she is a qualified ethical practitioner of good moral character as provided in K.S.A. 65-2804. In lieu of such certificate, the applicant may furnish a written recommendation from two (2) licensed practitioners who are members of the healing arts society where the applicant resides.
- (i) A certified document of proficiency in basic science subjects.
- (j) A true copy of the state or other country license or certificate issued by the endorsing state or country over the seal of the licensing authority and certified as correct by the secretary of the board or other licensing agency of such state or country from which the applicant comes endorsed.
- (k) A certificate of state endorsement signed and attested by the secretary of the state board or other licensing authority from which the applicant is licensed. (Authorized by K.S.A. 65-2833, 65-2834, 65-2865, 65-2873; effective Feb. 15, 1977; amended May 1, 1979.)

**100-8-3. Reserved.**

**100-8-4. Endorsement from this state.** The executive director is empowered to certify on behalf of the board all necessary certificates for



persons licensed in this state desiring to obtain a license by endorsement in any other state or country. The certificate shall state whether the license is current or not. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2878, as amended by L. 1987, Ch. 240, Sec. 10; effective Feb. 15, 1977; amended May 1, 1988.)

#### Article 9.—TEMPORARY LICENSE

**100-9-1. Visiting professor license.** The board may issue a visiting professor temporary license upon proper application to persons who meet the requirements set out in K.S.A. 65-2898 [65-28,100] provided any prescribed fees are paid. (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2898; effective Jan. 1, 1966; amended Feb. 15, 1977.)

**100-9-2.** (Authorized by K.S.A. 65-2865, K.S.A. 65-2895; effective Feb. 15, 1977; revoked May 1, 1988.)

#### Article 10.—TEMPORARY PERMIT

**100-10-1.** (Authorized by K.S.A. 65-2865, K.S.A. 65-2811; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; amended Feb. 15, 1977; revoked May 1, 1988.)

#### Article 10a.—EXEMPT LICENSE

**100-10a-1. Applications.** (a) Each application for an exempt license shall be submitted upon a form furnished by the board. This form shall contain the following in plain, legible writing:

- (1) The applicant's name in full;
- (2) the applicant's post office box address if applicable;
- (3) the applicant's residence address;
- (4) the applicant's Kansas license number;
- (5) a statement that the applicant does not hold oneself out to the public as being professionally engaged in the practice of the healing arts for which the applicant holds a license;
- (6) a statement that the applicant is no longer regularly engaged in the state of Kansas in the branch of the healing arts for which the applicant holds a license;
- (7) a statement describing the professional activities relating to the healing arts in which the applicant intends to engage if issued an exempt license;
- (8) a statement acknowledging that if the applicant is issued an exempt license, the applicant

shall be subject to all provisions of the healing arts act except for complying with the requirements of continuing education; and

(9) a statement acknowledging that if the applicant is issued an exempt license, the following shall apply:

(A) The applicant will not be a health care provider, as defined by K.S.A. 40-3401 and amendments thereto.

(B) The applicant will not be required to maintain professional liability insurance in accordance with K.S.A. 40-3401 *et seq.*

(C) Any services rendered by the applicant, while the holder of an exempt license, will not be insured or covered by the health care stabilization fund.

(b) Each application for an exempt license shall be signed by the applicant. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1998 Supp. 65-2809; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988; amended June 20, 1994; amended March 10, 2000.)

**100-10a-2. Request for changes.** An exempt license holder shall file a written request with the board whenever the nature or extent of the professional activities relating to the healing arts are proposed to be changed from those activities divulged to the board on the application for such license or on any renewal form. The board shall review the request, determine whether the proposed changes affect the eligibility for an exempt license and either grant or deny the request. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988.)

**100-10a-3. Renewal applications.** Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee required by K.A.R. 100-11-1. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1998 Supp. 65-2809; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988; amended March 10, 2000.)

**100-10a-4. Criteria.** (a) Exempt licenses may be issued to qualified applicants if the professional activities of the applicant will be limited to the following:

- (1) Performing administrative functions, including peer review, disability determinations, utilization review and expert opinions;

(2) providing direct patient care services gratuitously or providing supervision, direction or consultation for no compensation. Nothing in this subsection shall prohibit an exempt license holder from receiving payment for subsistence allowances or actual and necessary expenses incurred in providing such services;

(3) rendering professional services as a “charitable health care provider” as defined in K.S.A. 1990 Supp. 75-6102 and amendments thereto; and

(4) providing services as a district coroner or deputy coroner.

(b) Applications describing professional activities not included in (a) shall be reviewed by the board on a case-by-case basis to determine eligibility for an exempt license. (Authorized by K.S.A. 1990 Supp. 65-2865; implementing K.S.A. 1990 Supp. 65-2809; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988; amended June 24, 1991.)

**100-10a-5. Conversion.** (a) A holder of an exempt license desiring to become licensed to regularly practice the healing arts within Kansas shall submit a form provided by the board containing identical information to that required of individuals desiring to reinstate a license.

(b) Each holder of an exempt license desiring to become licensed to regularly practice the healing arts within Kansas shall submit proof of continuing education as follows:

(1) If the individual has held the exempt license for less than one year, no continuing education in addition to that which would have been necessary had the exempt licensee continued to hold an active license shall be required.

(2) if the exempt licensee has held the exempt license more than one year but less than three years, the individual must submit evidence of satisfactory completion of a program of continuing education in accordance with the requirements of K.A.R. 100-15-2; and

(3) if the exempt licensee has held the exempt license for more than three years, the applicant must complete a program recommended by the board. (Authorized by and implementing K.S.A. 1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988.)

**100-10a-6. Activities not divulged.** (a) The holder of an exempt license shall not engage in any professional activities relating to the healing arts not divulged to the board on the application

for exempt license, any renewal application or on a request submitted and approved by the board pursuant to K.A.R. 100-10a-2.

(b) Any departure from subsection (a) may constitute evidence of dishonorable conduct pursuant to K.S.A. 1986 Supp. 65-2836(b) as amended by L. 1987, Ch. 176, Sec. 5 as further amended by L. 1987, Ch. 242, Sec. 3 and any amendments thereto. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988.)

### Article 11.—FEES

**100-11-1. Amount.** The following fees shall be collected by the board:

(a) Application for license .....	\$300.00
(b)(1) Annual renewal of active or federally active license:	
(A) Paper renewal .....	\$270.00
(B) On-line renewal .....	\$261.00
(2) Annual renewal of inactive license:	
(A) Paper renewal .....	\$150.00
(B) On-line renewal .....	\$144.00
(3) Annual renewal of exempt license:	
(A) Paper renewal .....	\$150.00
(B) On-line renewal .....	\$144.00
(c)(1) Conversion from inactive to active license .....	\$115.00
(2) Conversion from exempt to active license .....	\$100.00
(d)(1) Late renewal of active or federally active license:	
(A) Paper late renewal .....	\$340.00
(B) On-line late renewal .....	\$329.00
(2) Late renewal of inactive license:	
(A) Paper late renewal .....	\$180.00
(B) On-line late renewal .....	\$173.50
(3) Late renewal of exempt license:	
(A) Paper late renewal .....	\$180.00
(B) On-line late renewal .....	\$173.50
(e) Institutional license .....	\$150.00
(f) Biennial renewal of institutional license .....	\$150.00
(g) Visiting clinical professor license .....	\$150.00
(h) Annual renewal of visiting clinical professor license .....	\$115.00
(i) Limited permit .....	\$30.00
(j) Annual renewal of limited permit ..	\$15.00
(k) Reinstatement of limited permit ...	\$30.00

(l) Visiting professor license .....	\$25.00
(m) Postgraduate training permit .....	\$40.00
(n) Reinstatement of cancelled license .....	\$300.00
(o) Reinstatement of revoked license .....	\$1000.00
(p) Temporary permit .....	\$40.00
(q) Special permit .....	\$30.00
(r) Certified statement of license .....	\$15.00
(s) Duplicate license .....	\$15.00

(Authorized by K.S.A. 65-2865; implementing K.S.A. 2006 Supp. 65-2809, K.S.A. 65-2852, and K.S.A. 65-28,125; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Feb. 15, 1977; amended May 1, 1979; amended May 1, 1980; amended May 1, 1981; amended, T-83-33, Nov. 10, 1982; amended May 1, 1983; amended, T-85-50, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-42, Dec. 19, 1986; amended May 1, 1987; amended, T-88-11, May 18, 1987; amended May 1, 1988; amended, T-100-4-24-89, April 24, 1989; amended Aug. 21, 1989; amended June 24, 1991; amended, T-100-7-1-92, July 1, 1992; amended Aug. 10, 1992; amended Dec. 27, 1993; amended May 1, 1998; amended Aug. 4, 2000; amended, T-100-6-27-02, Aug. 1, 2002; amended Nov. 15, 2002; amended, T-100-4-27-04, April 27, 2004; amended July 23, 2004; amended Aug. 17, 2007.)

**100-11-2.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked Feb. 15, 1977.)

**100-11-3.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2873; effective Jan. 1, 1966; amended Jan. 1, 1970; revoked Feb. 15, 1977.)

**100-11-4.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked Feb. 15, 1977.)

**100-11-5. Exempt license.** (Authorized by K.S.A. 65-2865; implementing K.S.A. 1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2; implementing K.S.A. 65-2852, as amended by L. 1987, Ch. 242, Sec. 4; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988; revoked Sept. 10, 1999.)

## Article 12.—RECORDS

**100-12-1. Records.** All records which are required by law to be maintained by the board shall be open to public inspection under the following conditions:

(1) Records shall be inspected at the board office located in Topeka.

(2) Records shall be inspected during normal working hours and under the supervision of the executive director of the board.

(3) Any person who inspects the records shall sign a written request. (Authorized by K.S.A. 65-2865, implementing K.S.A. 65-2808; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; amended, E-77-33, July 8, 1976; amended Feb. 15, 1977; amended May 1, 1988.)

## Article 13.—RECORDS

**100-13-1 and 100-13-2.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked Feb. 15, 1977.)

## Article 14.—CERTIFICATE

**100-14-1.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked Jan. 1, 1973.)

## Article 15.—LICENSE RENEWAL; CONTINUING EDUCATION

**100-15-1. Expiration dates.** (a) Each license to practice medicine and surgery issued by the board shall expire on June 30 of each year.

(b) Each license to practice osteopathic medicine and surgery issued by the board shall expire on September 30 of each year.

(c) Each license to practice chiropractic issued by the board shall expire on December 31 of each year. (Authorized by and implementing K.S.A. 2000 Supp. 65-2809; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; amended Feb. 15, 1977; amended Aug. 1, 1997; amended July 20, 2001.)

**100-15-2.** (Authorized by K.S.A. 65-2809, 65-2865; effective Feb. 15, 1977; amended May 1, 1979; revoked July 22, 2005.)

**100-15-3. Continuing education; institutional licensees.** (a) Each institutional licensee shall submit, with an application for renewal of the license, evidence of satisfactory completion of a minimum of 100 hours of continuing education within the previous two-year period. Evidence of that attainment shall be submitted to the board in the same manner as licensees in the same branch of the healing arts are required to submit evidence of satisfactory completion of a program of continuing education in accordance with K.A.R. 100-5-2 and amendments thereto.

(b) An extension that does not exceed six months may be granted by the board to any applicant for renewal who, during the 12-month period prior to the renewal date, suffered an illness or accident which made it impossible or extremely difficult for that applicant to reasonably obtain the required continuing education. (Authorized by and implementing K.S.A. 65-2895, as amended by L. 1987, Ch. 239, Sec. 5 and as further amended by L. 1987, Ch. 240, Sec. 11; effective May 1, 1988.)

**100-15-4. Continuing education standards; definitions.** (a) "Continuing education" shall mean an activity designed to maintain, develop, or increase the knowledge, skills, and professional performance of persons licensed to practice a branch of the healing arts. Each continuing education activity shall have significant intellectual or practical content, shall be relevant to the branch of the healing arts for which the practitioner is licensed, and shall meet at least one of the following content requirements:

- (1) Have a direct bearing on patient care;
- (2) have a direct bearing on the person's ability to deliver patient care; or
- (3) relate to the teaching, ethical, legal, or social responsibilities of a person licensed to practice the healing arts.

(b) "Category I" continuing education shall mean a continuing education activity that meets the requirements of subsection (a) of this regulation and is presented by a person qualified by practical or academic experience, using any of the following methods:

- (1) Lecture, which shall mean a discourse given before an audience for instruction;
- (2) panel discussion, which shall mean the presentation of a number of views by several professional individuals on a given subject, with none of the views considered a final solution;
- (3) workshop, which shall mean a series of meetings designed for intensive study, work, or discussion in a specific field of interest;
- (4) seminar, which shall mean a directed advanced study or discussion in a specific field of interest;
- (5) symposium, which shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers; or
- (6) any other structured, interactive, and formal

learning method that the board deems to meet the requirements of subsection (a).

(c) "Category II" continuing education shall mean attendance at a lecture, panel discussion, workshop, seminar, symposium, college course, professional publication, in-service training, or professional activity that the board determines does not meet the requirements of category I, but that is in a health-related field indirectly related to healing arts skill and knowledge. Category II continuing education shall include the following:

- (1) Clinical consultations with other healing arts practitioners that contribute to a practitioner's education;
  - (2) participation in activities to review the quality of patient care;
  - (3) instructing healing arts and other health care practitioners;
  - (4) patient-centered discussions with other health care practitioners;
  - (5) participating in journal clubs;
  - (6) using searchable electronic databases in connection with patient care activities; and
  - (7) using self-instructional materials.
- (d) Credit for continuing education activities shall be awarded on the basis of one credit for each 50 minutes actually spent in attendance at a continuing education activity.

(e) Each instructor of a healing arts continuing education activity shall be awarded category I continuing education credit at the rate of one credit for each three hours of the instructor's first-time preparation of the presentation of a category I continuing education activity.

(f) For successful completion of a postbaccalaureate program awarding a degree in an area related to the healing arts, 25 credits of category I continuing education shall be awarded. A copy of the transcript shall be maintained as proof of successful completion of the program.

(g) For successful completion of one year of postgraduate training, 50 credits of category I continuing education credit shall be awarded.

(h) Any other activity may be approved by the board for category I or category II continuing education upon the board's determination that the activity furthers the ethical and competent practice of the healing arts. (Authorized by K.S.A. 65-2809 and 65-2865; implementing K.S.A. 65-2809; effective July 22, 2005.)

**100-15-5. Continuing education requirement.** (a)(1) Each person who is licensed to



practice a branch of the healing arts and who is required to submit proof of completion of continuing education as a condition to renewing a license shall certify, on a form provided with the license renewal application, one of the following:

(A) During the 18-month period immediately preceding the license expiration date, the person completed at least 50 credits of continuing education, of which at least 20 credits shall be in category I and the remaining credits in category II.

(B) During the 30-month period immediately preceding the license expiration date, the person completed at least 100 credits of continuing education, of which at least 40 credits shall be in category I and the remaining credits in category II.

(C) During the 42-month period immediately preceding the license expiration date, the person completed at least 150 credits of continuing education, of which at least 60 credits shall be in category I and the remaining credits in category II.

(2) The requirement specified in this subsection shall not apply to any person renewing a license for the first time.

(b) Each person who applies for conversion of an inactive or exempt license to a regular license or for reinstatement of a cancelled license and whose license has been inactive, exempt, or cancelled for a period of less than the two-year period immediately preceding the application for conversion shall certify, on a form provided with the conversion or reinstatement application, that the person completed at least 50 credits of continuing education, of which at least 20 credits shall be in category I and the remaining credits in category II.

(c) Any licensee may request that the board grant an extension of the time to complete the required continuing education if, during the 12-month period immediately preceding the license expiration date, the person experienced an undue hardship resulting from illness, injury, or other circumstance preventing the timely completion of continuing education. (Authorized by K.S.A. 2006 Supp. 65-2809 and K.S.A. 65-2865; implementing K.S.A. 2006 Supp. 65-2809; effective July 22, 2005; amended April 6, 2007.)

**100-15-6. Documentation of continuing education.** (a) Each person who certifies completion of continuing education shall, for at least four years following the date of certification,

maintain documentation of completion that shall include either of the following:

(1) A verification of completion issued by a national, state, or local organization with standards for continuing education that are at least as stringent as the standards of the board; or

(2) a copy of the written materials provided with a category I continuing education activity, along with documentation of all of the following:

(A) The name, address, and telephone number of the activity sponsor, and the name and telephone number of a contact person for the activity sponsor;

(B) the title of the continuing education activity;

(C) the date and location of the activity;

(D) specification of whether the activity was presented in person or by video, satellite, or internet;

(E) the number of continuing education hours completed;

(F) the activity agenda;

(G) the identification and professional biographical information of the presenters;

(H) written proof of participation; and

(I) a list of category II continuing education activities, identifying the date of each activity, a description or program title, and the number of hours claimed.

(b) Within 30 days following a written request by the board to a licensee, the licensee shall provide the board with proof of completion of continuing education as specified in this regulation. (Authorized by K.S.A. 2006 Supp. 65-2809 and K.S.A. 65-2865; implementing K.S.A. 2006 Supp. 65-2809; effective July 22, 2005; amended April 6, 2007.)

**100-15-7. Category I continuing education using distance-learning media.** Each continuing education activity offered using distance-learning media shall qualify for category I continuing education credit if the activity meets the requirements in K.A.R. 100-15-4 and meets all of the following conditions:

(a) The activity has a mechanism in place for the user to be able to contact the provider regarding questions about the continuing education activity.

(b) The provider of the activity evaluates the user's knowledge of the subject matter discussed in the continuing education activity.

(c) The activity limits the amount of time within which a user can complete the activity, which shall



be no more than twice the number of hours for each credit awarded for the activity.

(d) The person or organization offering the activity provides a printed verification of completion of the activity or allows the user to print verification when the activity is completed. (Authorized by K.S.A. 65-2809 and 65-2865; implementing K.S.A. 65-2865; effective July 22, 2005.)

#### Article 16.—REVOCATION

**100-16-1.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2838, 65-2839, 65-2840; effective Jan. 1, 1966; amended Feb. 15, 1977; revoked, T-86-40, Dec. 11, 1985; revoked May 1, 1986.)

**100-16-2.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; amended Feb. 15, 1977; revoked, T-86-40, Dec. 11, 1985; revoked May 1, 1986.)

**100-16-3.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2836; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Feb. 15, 1977; revoked, T-86-40, Dec. 11, 1985; revoked May 1, 1986.)

**100-16-4. Grounds.** A license may be revoked, suspended, or limited when the licensee has been found to have committed any of the acts specified in K.S.A. 65-2836 and 65-2837. (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; amended Feb. 15, 1977.)

**100-16-5 and 100-16-6.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked Feb. 15, 1977.)

#### Article 17.—PROFESSIONAL SIGNS; LETTERHEADS

**100-17-1.** (Authorized by K.S.A. 65-2865, K.S.A. 1976 Supp. 65-2837; effective Jan. 1, 1966; amended Jan. 1, 1973; amended Feb. 15, 1977; revoked May 1, 1985.)

**100-17-2.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked May 1, 1985.)

#### Article 18.—ADVERTISING

**100-18-1.** (Authorized by K.S.A. 66-2865; effective Jan. 1, 1966; amended Jan. 1, 1970; amended Jan. 1, 1973; amended Feb. 15, 1977; revoked May 1, 1980.)

**100-18-2.** (Authorized by K.S.A. 65-2894; effective Jan. 1, 1970; revoked Feb. 15, 1977.)

#### Article 18a.—ADVERTISING

**100-18a-1. Free offers.** Any licensee who offers to perform a free examination, service or procedure for a patient, shall, during the initial visit, only perform the examination, service or procedure contained in the offer. Before any other examinations, services or procedures are performed, the licensee shall explain the nature and purpose of the examination, service or procedure and specifically disclose to the patient, to the greatest extent possible, the cost of the examination, service or procedure. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1984 Supp. 65-2836, 65-2837; effective May 1, 1985.)

#### Article 19.—ADMINISTRATIVE PROCEDURES

**100-19-1. Types of hearings.** (a) Hearings and procedures of the board shall be in accordance with the hearings and procedures established by the Kansas administrative procedures act.

(b) Summary adjudicative proceedings pursuant to K.S.A. 1986 Supp. 77-538 to 77-541, inclusive, and amendments thereto may be used for the following types of action:

(1) denials of initial license, permit, registration or certificate;

(2) cancellation for failure to renew a license, permit, registration or certificate;

(3) cease and desist orders, enforcement orders based on stipulations, public or private censures, warnings, reprimands, restrictions, fines or suspensions for violations of any laws administered by the board or rules and regulations promulgated thereunder.

(c) Any party who disagrees with and is subject to a summary adjudicative action may request that the proceedings be converted to a conference adjudicative proceeding or a formal adjudicative proceeding. Upon the request the summary proceeding shall be converted to the appropriate proceeding available under the Kansas administrative procedure act or rules and regulations promulgated thereunder.

(d) The order issued pursuant to subsection (b) of this regulation shall contain a notice informing the persons who are subject to the order that a

request for review or conversion must be made within 15 days.

(e) The presiding officer for summary adjudicative proceedings may be the executive director or the executive director's designee.

(f) Conference adjudicative proceedings pursuant to K.S.A. 77-533, 77-534 and 77-535 of the Kansas administrative procedure act may be used for actions in which:

(1) there is no disputed issue of material fact; or

(2) the parties agree to a conference adjudicative proceeding.

(g) All other proceedings, except those which are emergency adjudicative proceedings, or which have been initiated as or converted to conference or summary adjudicative proceedings, shall be formal adjudicative proceedings. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1986 Supp. 77-513, 77-533-541; effective Jan. 1, 1966; amended Feb. 15, 1977; amended, T-86-44, Dec. 18, 1985; amended May 1, 1986; amended May 1, 1988.)

#### **Article 20.—AMENDMENT TO RULES**

**100-20-1.** (Authorized by K.S.A. 65-2865; effective Jan. 1, 1966; revoked May 1, 1979.)

#### **Article 21.—DISPENSING PHYSICIANS**

**100-21-1. Definition of dispensing physician.** "Dispensing physician" means a person licensed to practice medicine and surgery who purchases and keeps drugs and compounds his or her own prescriptions for the purpose of supplying such drugs to his or her patients. (Authorized by K.S.A. 65-2865; effective, E-81-11, May 14, 1980; effective May 1, 1981.)

**100-21-2. Drug label.** A dispensing physician shall clearly label each drug dispensed. The label shall be typed or machine printed and shall include the following: (a) The name, address and telephone number of the dispensing physician.

(b) The full name of the patient.

(c) The identification number assigned to the prescription order by the dispensing physician.

(d) The date the prescription was filled or refilled.

(e) Adequate directions for use.

(f) The expiration date of the drug dispensed, if applicable.

(g) The brand name or corresponding generic

name and manufacturer or distributors name and the strength, at the discretion of the physician. (Authorized by K.S.A. 65-2865; effective, E-81-11, May 14, 1980; effective May 1, 1981.)

**100-21-3. Packaging.** All oral medications shall be dispensed in child resistant containers in accordance with the poison prevention packaging act of 1970 and in light resistant air-tight containers as required by the United States pharmacopeia. In those cases where a bona fide circumstance exists to make it undesirable to use safety closures, medication may be dispensed in a non-child resistant container. (Authorized by K.S.A. 65-2865; effective, E-81-11, May 14, 1980; effective May 1, 1981.)

**100-21-4. Record keeping and inventories.** (a) There shall be kept in the office of every dispensing physician a suitable book or file in which shall be preserved for a period of not less than three (3) years, every prescription order filled or refilled by such dispensing physician, and said book or file of prescription orders shall at all times be open to inspection to proper authorities.

(b) Each dispensing physician shall maintain the inventories and records of controlled substances as follows: (1) Inventories and records of all controlled substances listed in schedules I and II shall be maintained separately from all other records and prescriptions for such substances shall be maintained in a separate prescription file:

(2) Inventories and records of controlled substances listed in schedules III, IV, and V shall be maintained either separately from all other records or in such form that the information required is readily retrievable from ordinary business records and prescriptions for such substances shall be maintained either in a separate prescription file for controlled substances listed in schedules III, IV, and V only, or in such form that they are readily retrievable from the other prescription records. Prescriptions will be deemed readily retrievable if, at the time they are initially filled the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than 1-inch high and filed either in the prescription file for controlled substances listed in schedules I and II or in the usual consecutively numbered prescription file for non-controlled substances.

(c) Inventory requirements. An initial inventory of all controlled substances shall be taken and recorded. Every two years on May 1, a new inventory shall be taken and recorded. The records

of these inventories shall be maintained for a period of three years. (Authorized by K.S.A. 65-2865; effective, E-81-11, May 14, 1980; effective May 1, 1981.)

**100-21-5. Storage and security.** (a) All dispensing physicians shall provide effective controls and procedures to guard against theft and diversion of controlled substances.

(b) All drugs shall be stored under conditions proper and suitable to maintain their integrity. (Authorized by K.S.A. 65-2865; effective, E-81-11, May 14, 1980; effective May 1, 1981.)

#### **Article 22.—DISHONORABLE CONDUCT**

**100-22-1. Release of records.** (a) Unless otherwise prohibited by law, each licensee shall, upon receipt of a signed release from a patient, furnish a copy of the patient record to the patient, to another licensee designated by the patient, or to a patient's legally designated representative. However, if the licensee reasonably determines that the information within the patient record is detrimental to the mental or physical health of the patient, then the licensee may withhold the record from the patient and furnish the record to another licensee designated by the patient.

(b) A licensee may charge a person or entity for reasonable costs to retrieve or reproduce a patient record. A licensee shall not condition the furnishing of a patient record to another licensee upon prepayment of these costs.

(c) Any departure from this regulation shall constitute prima facie evidence of dishonorable conduct pursuant to K.S.A. 65-2836(b), and any amendments thereto. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1997 Supp. 65-2836, as amended by L. 1998, Ch. 142, Sec. 12; effective May 1, 1985; amended Nov. 13, 1998.)

**100-22-2. Description of professional activities.** (a) Any person applying for an exempt license shall divulge on the application for such license a description of all professional activities related to the healing arts such person intends to perform if issued an exempt license.

(b) Any person holding an exempt license shall, at the time of renewal, divulge on the renewal application all professional activities related to the healing arts such person intends to perform during the renewal period.

(c) Any departure from subsection (a) or (b)

may constitute evidence of dishonorable conduct pursuant to K.S.A. 1986 Supp. 65-2836(b) as amended by L. 1987, Ch. 176, Sec. 5 as further amended by L. 1987, Ch. 242, Sec. 2 and any amendments thereto. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1986 Supp. 65-2836 as amended by L. 1987, Ch. 176, Sec. 5 as further amended by L. 1987, Ch. 242, Sec. 2; effective, T-88-52, Dec. 16, 1987; effective May 1, 1988.)

**100-22-3. Business transactions with patients.** (a) Non-health-related goods or services. A licensee shall be deemed to engage in dishonorable conduct by offering to sell a non-health-related product or service to a patient from a location at which the licensee regularly practices the healing arts unless otherwise allowed by this subsection. A licensee shall not be deemed to engage in dishonorable conduct by offering to sell a non-health-related product or service if all of the following conditions are met:

(1) The sale is for the benefit of a public service organization.

(2) The sale does not directly or indirectly result in financial gain to the licensee.

(3) No patient is unduly influenced to make a purchase.

(b) Business opportunity. A licensee shall be deemed to engage in dishonorable conduct if all of the following conditions are met:

(1) The licensee recruits or solicits a patient either to participate in a business opportunity involving a sale of a product or service, or to recruit or solicit others to participate in a business opportunity.

(2) The sale of the product or service directly or indirectly results in financial gain to the licensee.

(3) The licensee recruits or solicits the patient at any time that the patient is present in a location at which the licensee regularly practices the healing arts. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1998 Supp. 65-2836; effective May 5, 2000.)

**100-22-4. Description of affiliation with specialty board.** (a) On and after January 1, 2004, each licensee who represents to the public that the licensee is credentialed by a specialty board other than a state licensing agency, including through the use of the description "board-certified" in connection with the licensee's name, shall, in the same medium as that in which the

representation is made, identify the official name of the specialty board that has granted the credential to the licensee.

(b) Each violation of this regulation shall constitute prima facie evidence of dishonorable conduct. (Authorized by K.S.A. 65-2865; implementing K.S.A. 2001 Supp. 65-2836; effective May 23, 2003.)

**100-22-6. Notice to the public of licensure.** (a) A person licensed to practice a branch of the healing arts shall not perform direct patient care in an office, unless the notice adopted by reference in this subsection is placed in a conspicuous location where the notice is reasonably likely to be seen by persons who receive direct patient care in the office. The document titled “notice to patients: required signage for K.A.R. 100-22-6,” as prepared by the state board of healing arts and dated April 5, 2007, is hereby adopted by reference.

(b) As used in this regulation, “office” shall mean any place intended for the practice of the healing arts. This term shall not include a medical care facility, as defined by K.S.A. 65-425 and amendments thereto, which is licensed by the Kansas department of health and environment.

(c) Each violation of this regulation shall constitute prima facie evidence of dishonorable conduct. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2836; effective Nov. 2, 2007.)

**100-22-7. Orders to dispense prescription-only medical devices.** (a) For the purpose of this regulation, “prescription-only medical device” shall mean an apparatus that meets the following conditions:

(1) May be sold or distributed only upon the authorization of a person licensed by state law to administer or use the device; and

(2) is intended either to use in diagnosing or treating a disease, injury, or deformity or to affect the structure, action, or physiologic property of any part of the human body.

(b) Each licensee who issues an order that authorizes the sale, lease, or other method of distribution of a prescription-only medical device to another person for other than self-treatment shall create a written record of the order, signed by the licensee, and shall maintain that record for at least 10 years following the date of the order. The written record shall include, at a minimum, all of the following statements:

(1) The licensee knows or has reason to know

that the person to whom the medical device is to be dispensed is professionally competent and legally authorized to use the device for other than self-treatment.

(2) The licensee acknowledges that the device is approved for acts and functions that are within the normal and customary specialty, competence, and lawful practice of the licensee.

(3) The licensee will supervise the use of the device.

(c) Each violation of this regulation shall constitute prima facie evidence of dishonorable conduct. (Authorized by K.S.A. 65-2865 and K.S.A. 2006 Supp. 65-28,127; implementing K.S.A. 65-2836 and K.S.A. 2006 Supp. 65-28,127; effective July 6, 2007.)

**100-22-8.** (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2836; effective, T-100-4-24-07, April 24, 2007; effective Sept. 14, 2007; revoked, T-100-12-10-07, Dec. 10, 2007; revoked April 4, 2008.)

**100-22-8a. Phosphatidylcholine and sodium deoxycholate.** (a) As used in this regulation, the following terms shall have the meanings specified in this subsection.

(1) “Adverse event” means any unfavorable medical occurrence experienced by a patient that reasonably could be related to the administration of PCDC.

(2) “Compounding” means combining component drug ingredients by or upon the order of a physician for the purpose of creating a drug tailored to the specialized needs of an individual patient.

(3) “Designated physician” means a physician who is professionally competent to compound or order the compounding of PCDC and who agrees to be available on the premises during the administration of PCDC whenever the physician who compounded or ordered the compounding of PCDC is not present.

(4) “Institutional review board” and “IRB” mean a board or committee designated by a public or private entity or agency to review biomedical research and to ensure protection of the rights and welfare of patients.

(5) “PCDC” means phosphatidylcholine and sodium deoxycholate prepared for administration individually or in combination.

(6) “Physician” means a person licensed in this state to practice medicine and surgery or osteopathic medicine and surgery.



(b) Except as specified in subsections (c) and (d), a physician shall not administer or authorize another person to administer PCDC by injection to a human being.

(c) This regulation shall not prohibit the administration of PCDC to a research subject during clinical research of PCDC as an investigational new drug.

(d) This regulation shall not prohibit a physician from compounding PCDC or from preparing a written prescription order directing a lawfully operating pharmacy to compound PCDC for a specific patient if all of the following conditions are met:

(1) The physician has notified the board in writing of the intent to compound or order the compounding of PCDC in the scope of the physician's practice and agrees to meet the requirements stated in subsection (e).

(2) The physician has a physician-patient relationship with the specific patient.

(3) The patient has given the physician written informed consent for the administration of PCDC that includes, at a minimum, all of the following:

(A) The patient acknowledges that PCDC is a drug and that neither the state of Kansas nor any federal agency has approved PCDC as a drug.

(B) The patient has been informed that a preponderance of competent medical literature regarding clinical research establishing whether PCDC is safe and effective has not been published.

(C) The patient has been informed that the clinical data will be submitted to an IRB for peer review.

(D) The patient has been given a description of the known and potential side effects of PCDC.

(4) Before compounding or writing an order to compound PCDC, the physician personally performs a physical examination of the patient, records the patient's medical history in the patient record, performs or orders relevant laboratory tests as indicated, and, based upon the examination, history, and test results, determines that PCDC is indicated for the patient.

(5) The physician or designated physician supervises and is personally present on the premises when the PCDC is administered.

(6) The patient record identifies each ingredient, the amount of each ingredient, and the amount of the preparation compounded by the physician, or the order to compound PCDC identifies each ingredient, the amount of each ingre-

dient, and the amount of the preparation to be dispensed.

(e) Each physician who compounds or writes an order to compound PCDC shall meet each of the following requirements:

(1) Before compounding or writing an order to compound PCDC, the physician shall establish a written procedure that identifies each of the following:

(A) A general plan of care applicable to all patients, including indications and contraindications for administering PCDC to patients;

(B) each designated physician;

(C) each person who may administer PCDC upon the order of the physician; and

(D) each location within this state at which PCDC will be administered based upon the order of the physician.

(2)(A) A physician who has compounded or ordered PCDC to be compounded for a patient under a medical regimen that has not been completed on or before the effective date of this regulation shall, before administering or authorizing the administration of PCDC, submit a copy of the written procedure and informed consent form to the board and shall, within 60 days following the effective date of this regulation, submit evidence that an IRB has approved the written procedure and the informed consent form that the physician uses.

(B) Each physician not described in paragraph (e)(2)(A) shall obtain approval of the written procedure and informed consent form by an IRB and submit evidence of that approval and a copy of the written procedure and informed consent form to the board, before compounding or writing an order to compound PCDC.

(3) The physician shall report each adverse event resulting in medical intervention to the IRB and to the board within 24 hours of receiving notice of the adverse event. The physician shall report all other adverse events observed by or reported to the physician and all clinical results for each patient to the IRB at least monthly.

(4) At least monthly, the physician shall prepare or obtain from the compounding pharmacy and shall forward to the IRB the following information:

(A) Verification that the preparation is sterile;

(B) a description of the quantity and strength of all ingredients used as components of the preparation;



(C) documentation of adequate mixing to ensure homogeneity of the preparation; and

(D) verification of the clarity, completeness, or pH of the solution.

(f) Each departure from this regulation shall constitute prima facie evidence of dishonorable conduct. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2836; effective, T-100-12-10-07, Dec. 10, 2007; effective April 4, 2008.)

#### **Article 23.—TREATMENT OF OBESITY**

**100-23-1. Treatment of obesity.** A person shall not dispense or prescribe controlled substances to treat obesity, as defined by this regulation, except in conformity with the following minimal requirements. (a) Amphetamines shall not be dispensed or prescribed to treat obesity.

(b) The treating physician shall personally examine the patient. The physical examination shall include checking the blood pressure and pulse, examining the heart and lungs, recording weight and height, and administering any other appropriate diagnostic tests. The examination and patient history shall determine if controlled substances are indicated and if any co-morbidity exists. The treating physician shall enter each of these findings in the patient's record.

(c) The treating physician shall prescribe nutritional counseling, including behavior modification and appropriate exercise for weight loss, and record these parameters on the patient record.

(d) The treating physician shall not dispense or prescribe more than a 30-day supply of controlled substances, at one time, to treat obesity.

(e) Except as provided by subsection (f) of this regulation, the treating physician may continuously dispense or prescribe controlled substances to treat obesity when the physician observes and records that the patient significantly benefits from the controlled substances and has no serious adverse effects related to the drug regimen. A patient significantly benefits from the controlled substances when weight is reduced, or when weight loss is maintained and any existing co-morbidity is reduced. At the time of each return patient visit, the treating physician shall monitor progress of the patient; the treating physician or a person acting at the treating physician's order shall check the patient's weight, blood pressure, pulse, heart, and lungs. The findings shall be entered in the patient's record.

(f) The treating physician shall not dispense or

prescribe additional controlled substances to treat obesity for a patient who has not achieved a weight loss of at least 5% of the patient's initial weight, during the initial 90 days of treatment using controlled substances to treat obesity.

(g) As used in this regulation, the term "controlled substance" means any drug included in any schedule of the Kansas uniform controlled substances act.

(h) As used in this regulation, the term "obesity" means a documented diagnosis of excess adipose tissue, resulting in body mass index of 30 or higher ( $BMI \geq 30 \text{ kg/m}^2$ ), or a body mass index of 27 or higher in the presence of other risk factors ( $BMI \geq 27 \text{ kg/m}^2$ ). Body mass index is calculated by dividing measured body weight in kilograms by body height in meters squared ( $\text{kg/m}^2$ ); expected body mass index is 20-25  $\text{kg/m}^2$ . (Authorized by and implementing K.S.A. 1997 Supp. 65-2837a; effective, T-86-25, July 24, 1985; effective May 1, 1986; amended, T-100-12-16-96, Dec. 16, 1996; amended May 9, 1997; amended, T-100-7-1-97, July 1, 1997; amended, T-100-10-30-97, Oct. 30, 1997; amended March 20, 1998.)

#### **Article 24.—PATIENT RECORDS**

**100-24-1. Adequacy; minimal requirements.** (a) Each licensee of the board shall maintain an adequate record for each patient for whom the licensee performs a professional service.

(b) Each patient record shall meet these requirements:

(1) Be legible;

(2) contain only those terms and abbreviations that are or should be comprehensible to similar licensees;

(3) contain adequate identification of the patient;

(4) indicate the dates any professional service was provided;

(5) contain pertinent and significant information concerning the patient's condition;

(6) reflect what examinations, vital signs, and tests were obtained, performed, or ordered and the findings and results of each;

(7) indicate the initial diagnosis and the patient's initial reason for seeking the licensee's services;

(8) indicate the medications prescribed, dispensed, or administered and the quantity and strength of each;

(9) reflect the treatment performed or recommended;

(10) document the patient's progress during the course of treatment provided by the licensee; and

(11) include all patient records received from other health care providers, if those records formed the basis for a treatment decision by the licensee.

(c) Each entry shall be authenticated by the person making the entry unless the entire patient record is maintained in the licensee's own handwriting.

(d) Each patient record shall include any writing intended to be a final record, but shall not require the maintenance of rough drafts, notes, other writings, or recordings once this information is converted to final form. The final form shall accurately reflect the care and services rendered to the patient.

(e) For purposes of implementing the healing arts act and this regulation, an electronic patient record shall be deemed a written patient record if the electronic record cannot be altered and if each entry in the electronic record is authenticated by the licensee. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1997 Supp. 65-2837, as amended by L. 1998, ch. 142, §19 and L. 1998, ch. 170, §2; effective, T-87-42, Dec. 19, 1986; effective May 1, 1987; amended June 20, 1994; amended Nov. 13, 1998.)

**100-24-2. Patient record storage.** (a) Each licensee shall maintain the patient record for a minimum of 10 years from the date the licensee provided the professional service recorded. Any licensee may designate an entity, another licensee, or health care facility to maintain the record if the licensee requires the designee to store the record in a manner that allows lawful access and that maintains confidentiality.

(b) Patient records may be stored by an electronic data system, microfilm, or similar photographic means. A licensee may destroy original paper records stored in this manner if the stored record can be reproduced without alteration from the original.

(c) Each electronically stored record shall identify existing original documents or information not included in that electronically stored record. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1997 Supp. 65-2837, as amended by L. 1998, Ch. 170, Sec. 2; effective Nov. 13, 1998.)

**100-24-3. Notice of location of records upon termination of active practice.**

Each licensee of the board who terminates the active practice of the healing arts within this state shall, within 30 days after terminating the active practice, provide to the board the following information: (a) The location where patient records are stored;

(b) if the licensee designates an agent to maintain the records, the name, telephone number, and mailing address of the agent;

(c) the date on which the patient records are scheduled to be destroyed, as allowed by K.A.R. 100-24-2. (Authorized by K.S.A. 65-2865; implementing K.S.A. 1997 Supp. 65-2837, as amended by L. 1998, ch. 142, § 19 and L. 1998, ch. 170, § 2 and K.S.A. 65-2865; effective May 7, 1999.)

**Article 25.—OFFICE REQUIREMENTS**

**100-25-1. Definitions.** As used in this article, the following terms shall have the meanings specified in this regulation. (a) "General anesthesia" means a drug that, when administered to a patient, results in the patient's controlled state of unconsciousness accompanied by a loss of protective reflexes, including the loss of the independent and continuous ability to maintain the airway and a regular breathing pattern, and the loss of the ability to respond purposefully to verbal commands or tactile stimulation.

(b) "Local anesthesia" means a drug that, when administered to a localized part of the human body by topical application or by local infiltration in close proximity to a nerve, produces a transient and reversible loss of sensation. This term shall include lidocaine injections not exceeding seven milligrams per kilogram of body weight and also tumescent local anesthesia.

(c) "Medical care facility" has the meaning specified in K.S.A. 65-425 and amendments thereto.

(d) "Minimal sedation" means an oral sedative or oral analgesic administered in doses appropriate for the unsupervised treatment of insomnia, anxiety, or pain.

(e) "Minor surgery" means surgery that meets both of the following conditions:

(1) Any complication from the surgery requiring hospitalization is not reasonably foreseeable.

(2) The surgery can safely and comfortably be performed either on a patient who has received

no anesthesia or on a patient who has received local anesthesia or topical anesthesia.

(f) "Office" means any place intended for the practice of the healing arts in the state of Kansas. This term shall not include a medical care facility, as defined by K.S.A. 65-425 and amendments thereto, that is licensed by the Kansas department of health and environment.

(g) "Office-based surgery" means any surgery that requires any anesthesia, parenteral analgesia, or sedation and that is performed by or upon the order of a physician in an office. Office-based surgery shall not include minor surgery.

(h) "Physician" means a person licensed to practice medicine and surgery or osteopathic medicine and surgery in the state of Kansas.

(i) "Reportable incident" means any act by a licensee or a person performing professional services under the licensee's supervision, order, or direction that meets either of the following criteria:

(1) Could be below the applicable standard of care and has a reasonable probability of causing injury to a patient; or

(2) could be grounds for disciplinary action by the board.

(j) "Sedation" means a depressed level of consciousness in which the patient retains the independent and continuous ability to perform the following:

(1) Maintain adequate cardiorespiratory functioning;

(2) maintain an open airway;

(3) maintain a regular breathing pattern;

(4) maintain the protective reflexes; and

(5) respond purposefully and rationally to tactile stimulation and verbal commands.

(k) "Special procedure" means any patient care service that involves any potentially painful contact with the human body, with or without instruments, for the purpose of diagnosis or therapy and for which the applicable standard of care necessitates any anesthesia to prevent or reduce pain. This term shall include a diagnostic or therapeutic endoscopy, invasive radiology, manipulation under anesthesia, and an endoscopic examination. This term shall include the conduct of pain management when performed using anesthesia levels exceeding local anesthesia.

(l) "Surgery" means a manual or operative method that involves the partial or complete excision or resection, destruction, incision, or other structural alteration of human tissue by any means, including the use of lasers, performed

upon the human body for the purpose of preserving health, diagnosing or treating disease, repairing injury, correcting deformity or defects, prolonging life, terminating pregnancy, or relieving suffering, or for aesthetic, reconstructive, or cosmetic purposes.

(m) "Topical anesthesia" means a drug applied to the skin or mucous membranes for the purpose of producing a transient and reversible loss of sensation to a circumscribed area.

(n) "Tumescent local anesthesia" means local anesthesia administered in large volumes of highly diluted lidocaine not exceeding 55 milligrams per kilogram of body weight, epinephrine not exceeding 1.5 milligrams per liter of solution, and sodium bicarbonate not exceeding 15 milliequivalents per liter of solution in a sterile saline solution by slow infiltration into subcutaneous fat. Tumescent local anesthesia shall not include the concomitant administration of any sedatives, analgesics, or hypnotic drugs, or any combination of these, at any dosage that poses a significant risk of impairing the patient's independent and continuous ability to maintain adequate cardiorespiratory functioning, an open airway, a regular breathing pattern, and protective reflexes and to respond purposefully to tactile stimulation and verbal commands. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2837; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

**100-25-2. General requirements.** (a) Except in an emergency, a person licensed to practice a branch of the healing arts shall not perform direct patient care in an office unless all of the following conditions are met:

(1) The office at which the direct patient care is performed is sanitary and safe.

(2) Smoking is prohibited in all patient care areas and all areas where any hazardous material is present.

(3) Medical services waste is segregated, stored, collected, processed, and disposed of in accordance with K.A.R. 28-29-27.

(b) On and after July 1, 2006, each person licensed to practice a branch of the healing arts who maintains an office within this state shall adopt and follow a written procedure for sanitation and safety that includes at least the following:

(1) Standards for maintaining the cleanliness of the office. The standards shall specify the following:

(A) The methods for and the frequency of cleaning and decontaminating the walls, ceilings, floors, working surfaces, furniture, and fixtures. The written procedure shall identify the types of disinfectants and cleaning materials to be used; and

(B) the methods to prevent the infestation of insects and rodents and, if necessary, to remove insects and rodents;

(2) standards for infection control and the disposal of biological waste. The standards shall be at least as stringent as the standards in all applicable laws pertaining to the disposal of medical and hazardous waste and shall specify the following:

(A) The procedures to limit the spread of infection among patients and personnel through universal precautions, hand hygiene, and the proper handling and disposal of sharp objects;

(B) the methods to decontaminate infected items with germicidal, virucidal, bactericidal, tuberculocidal, and fungicidal products; and

(C) the procedures to sterilize reusable medical instruments and devices;

(3) standards for maintaining drugs, supplies, and medical equipment. The standards shall be at least as stringent as the standards in all applicable laws pertaining to the supply, storage, security, and administration of controlled drugs and shall specify the following:

(A) The manner of storing drugs and supplies to guard against tampering and theft;

(B) the procedures for disposal of expired drugs and supplies; and

(C) the procedures for maintaining, testing, and inspecting medical equipment;

(4) standards for maintaining the safety of physical facilities. The standards shall require that all of the following conditions are met:

(A) The office is properly equipped and maintained in good repair as necessary to prevent reasonably foreseeable harm to patients, personnel, and the public;

(B) the lighting, ventilation, filtration, and temperature control are adequate for the direct patient care to be performed;

(C) the floors, walls, and ceilings have surfaces that can be cleaned, disinfected, sterilized, or replaced as appropriate for the direct patient care to be performed;

(D) adequate measures are in place to deter any unauthorized individuals from entering the treatment rooms; and

(E) all passageways are free of clutter; and

(5) a plan for reporting each reportable incident pursuant to K.S.A. 65-28,122 and K.S.A. 65-4923 and amendments thereto. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2837; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

**100-25-3. Requirements for office-based surgery and special procedures.** A physician shall not perform any office-based surgery or special procedure unless the office meets the requirements of K.A.R. 100-25-2. Except in an emergency, a physician shall not perform any office-based surgery or special procedure on and after January 1, 2006 unless all of the following requirements are met: (a) Personnel.

(1) All health care personnel shall be qualified by training, experience, and licensure as required by law.

(2) At least one person shall have training in advanced resuscitative techniques and shall be in the patient's immediate presence at all times until the patient is discharged from anesthesia care.

(b) Office-based surgery and special procedures.

(1) Each office-based surgery and special procedure shall be within the scope of practice of the physician.

(2) Each office-based surgery and special procedure shall be of a duration and complexity that can be undertaken safely and that can reasonably be expected to be completed, with the patient discharged, during normal operational hours.

(3) Before the office-based surgery or special procedure, the physician shall evaluate and record the condition of the patient, any specific morbidities that complicate operative and anesthesia management, the intrinsic risks involved, and the invasiveness of the planned office-based surgery or special procedure or any combination of these.

(4) The physician or a registered nurse anesthetist administering anesthesia shall be physically present during the intraoperative period and shall be available until the patient has been discharged from anesthesia care.

(5) Each patient shall be discharged only after meeting clinically appropriate criteria. These criteria shall include, at a minimum, the patient's vital signs, the patient's responsiveness and orientation, the patient's ability to move voluntarily, and the ability to reasonably control the patient's



pain, nausea, or vomiting, or any combination of these.

(c) Equipment.

(1) All operating equipment and materials shall be sterile, to the extent necessary to meet the applicable standard of care.

(2) Each office at which office-based surgery or special procedures are performed shall have a defibrillator, a positive-pressure ventilation device, a reliable source of oxygen, a suction device, resuscitation equipment, appropriate emergency drugs, appropriate anesthesia devices and equipment for proper monitoring, and emergency airway equipment including appropriately sized oral airways, endotracheal tubes, laryngoscopes, and masks.

(3) Each office shall have sufficient space to accommodate all necessary equipment and personnel and to allow for expeditious access to the patient, anesthesia machine, and all monitoring equipment.

(4) All equipment shall be maintained and functional to ensure patient safety.

(5) A backup energy source shall be in place to ensure patient protection if an emergency occurs.

(d) Administration of anesthesia. In an emergency, appropriate life-support measures shall take precedence over the requirements of this subsection. If the execution of life-support measures requires the temporary suspension of monitoring otherwise required by this subsection, monitoring shall resume as soon as possible and practical. The physician shall identify the emergency in the patient's medical record and state the time when monitoring resumed. All of the following requirements shall apply:

(1) A preoperative anesthetic risk evaluation shall be performed and documented in the patient's record in each case. In an emergency during which an evaluation cannot be documented preoperatively without endangering the safety of the patient, the anesthetic risk evaluation shall be documented as soon as feasible.

(2) Each patient receiving intravenous anesthesia shall have the blood pressure and heart rate measured and recorded at least every five minutes.

(3) Continuous electrocardiography monitoring shall be used for each patient receiving intravenous anesthesia.

(4) During any anesthesia other than local anesthesia and minimal sedation, patient oxygenation shall be continuously monitored with a pulse

oximeter. Whenever an endotracheal tube or laryngeal mask airway is inserted, the correct functioning and positioning in the trachea shall be monitored throughout the duration of placement.

(5) Additional monitoring for ventilation shall include palpation or observation of the reservoir breathing bag and auscultation of breath sounds.

(6) Additional monitoring of blood circulation shall include at least one of the following:

(A) Palpation of the pulse;

(B) auscultation of heart sounds;

(C) monitoring of a tracing of intra-arterial pressure;

(D) pulse plethysmography; or

(E) ultrasound peripheral pulse monitoring.

(7) When ventilation is controlled by an automatic mechanical ventilator, the functioning of the ventilator shall be monitored continuously with a device having an audible alarm to warn of disconnection of any component of the breathing system.

(8) During any anesthesia using an anesthesia machine, the concentration of oxygen in the patient's breathing system shall be measured by an oxygen analyzer with an audible alarm to warn of low oxygen concentration.

(e) Administrative policies and procedures.

(1) Each office shall have written protocols in place for the timely and safe transfer of the patients to a prespecified medical care facility within a reasonable proximity if extended or emergency services are needed. The protocols shall include one of the following:

(A) A plan for patient transfer to the specified medical care facility;

(B) a transfer agreement with the specified medical care facility; or

(C) a requirement that all physicians performing any office-based surgery or special procedure at the office have admitting privileges at the specified medical care facility.

(2) Each physician who performs any office-based surgery or special procedure that results in any of the following quality indicators shall notify the board in writing within 15 calendar days following discovery of the event:

(A) The death of a patient during any office-based surgery or special procedure, or within 72 hours thereafter;

(B) the transport of a patient to a hospital emergency department;

(C) the unscheduled admission of a patient to a hospital within 72 hours of discharge, if the ad-



mission is related to the office-based surgery or special procedure;

(D) the unplanned extension of the office-based surgery or special procedure more than four hours beyond the planned duration of the surgery or procedure being performed;

(E) the discovery of a foreign object erroneously remaining in a patient from an office-based surgery or special procedure at that office; or

(F) the performance of the wrong surgical procedure, surgery on the wrong site, or surgery on the wrong patient. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2837; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

**100-25-4. Office-based surgery and special procedures using general anesthesia or a spinal or epidural block.** (a) In addition to meeting the requirements stated in K.A.R. 100-25-2 and 100-25-3, a physician shall not perform any office-based surgery or special procedure using general anesthesia or a spinal or epidural block unless the office is equipped with the following:

(1) Medications and equipment available to treat malignant hyperthermia when triggering agents are used. At a minimum, the office shall have a supply of dantrolene sodium adequate to treat each patient until the patient is transferred to an emergency facility;

(2) tracheotomy and chest tube kits;

(3) an electrocardiogram that is continuously displayed from the induction and during the maintenance of general anesthesia or the spinal or epidural block;

(4) a means readily available to measure the patient's temperature; and

(5) qualified, trained personnel available and dedicated solely to patient monitoring.

(b) On and after July 1, 2006, each physician who performs any office-based surgery or special procedure using general anesthesia or a spinal or epidural block shall perform the office-based surgery or special procedure only in an office that meets at least one of the following sets of standards, all of which are hereby adopted by reference except as specified:

(1) Sections 110-010 through 1031-02 in the "standards and checklist for accreditation of ambulatory surgery facilities" by the American association for accreditation of ambulatory surgery facilities, inc., revised in 2005;

(2) "section two: accreditation" and the glos-

sary, except the definition of "physician," in "accreditation requirements for ambulatory care/surgery facilities" by the healthcare facilities accreditation program of the American osteopathic association, 2001-2002 edition;

(3) section 1 and section 2 in "accreditation manual for office-based surgery practices" by the joint commission on accreditation of healthcare organizations, second edition, dated 2005;

(4) "accreditation standards for ambulatory facilities" by the institute for medical quality, 2003 edition. The appendices are not adopted; or

(5) chapters 1 through 6, 8 through 10, 15, 16, 19, 22, and 24 and appendices A and I in the "accreditation handbook for ambulatory health care" by the accreditation association for ambulatory health care, inc., 2005 edition.

(c) A physician who maintains an office shall not permit any office-based surgery or special procedure involving general anesthesia or a spinal or epidural block to be performed in that office unless the office meets at least one of the five sets of standards adopted in subsection (b).

(d) Accreditation of an office by an organization whose standards are adopted in subsection (b) shall be prima facie evidence that those standards are currently being met.

(e) This regulation shall not apply to any professional service performed in an emergency. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2837; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

**100-25-5. Standard of care.** Each person licensed to practice a branch of the healing arts who performs direct patient care in an office or who performs any office-based surgery or special procedures in an office shall meet the standard of care established by the regulations in this article. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2837; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

#### **Article 26.—SERVICES RENDERED TO INDIVIDUALS LOCATED IN THIS STATE; OUT-OF-STATE PRACTITIONERS**

**100-26-1. Services rendered to individuals located in this state.** (a) Except as authorized by K.S.A. 65-2872 and amendments thereto and this article, each person, regardless of location, who performs any act specified in K.S.A. 65-

2802(a) and amendments thereto or who issues an order for any service that constitutes the practice of the healing arts on an individual located in this state shall be deemed to be engaged in the practice of the healing arts in this state.

(b) Nothing in this article shall be construed to prohibit an out-of-state practitioner, as defined by K.A.R. 100-26-2, from providing verbal, written, or electronic communication that is incidental to the services lawfully provided by the out-of-state practitioner and that is conveyed to any of the following individuals located in this state:

(1) Any health professional;

(2) any patient; or

(3) any individual authorized to act on behalf of a patient. (Authorized by K.S.A. 65-2865 and 65-2872, as amended by L. 2005, Ch. 117, §1; implementing K.S.A. 65-2872, as amended by L. 2005, Ch. 117, §1; effective June 20, 1994; amended, T-100-8-22-05, Aug. 22, 2005; amended, T-100-12-20-05, Dec. 20, 2005; amended March 17, 2006.)

**100-26-2. Definitions.** As used in this article, the following definitions shall apply: (a) “Diagnostic professional service” means the testing of a human being for the detection or evaluation of a disease, ailment, deformity, or injury within this state pursuant to the valid order of an out-of-state practitioner.

(b) “Health care facility” means an entity licensed by the secretary of the Kansas department of health and environment or by the secretary of the department of social and rehabilitation services of the state of Kansas to provide any service that constitutes the practice of the healing arts. This term shall include any persons who are employed by the health care facility to implement the orders issued by licensees of the board.

(c) “Health professional” means an individual who is licensed, registered, or certified by a Kansas regulatory agency and who renders services, directly or indirectly, for the purpose of any of the following:

(1) Preventing physical, mental, or emotional illness;

(2) detecting, diagnosing, and treating illness;

(3) facilitating recovery from illness; or

(4) providing rehabilitative or continuing care following illness.

(d) “Licensee” means a person licensed by the board to practice the healing arts.

(e) “Out-of-state practitioner” means an individual who is licensed in another state to practice

a branch of the healing arts without suspension or disciplinary limitation to issue a valid order, if that individual does not maintain an office or appoint a place to regularly meet patients or receive calls within the state of Kansas.

(f) “Therapeutic professional service” means any treatment for the cure, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, or injury.

(g) “Valid order” means an order by an out-of-state practitioner for a diagnostic professional service or therapeutic professional service that is transmitted orally, electronically, or in writing, if all of the following conditions are met:

(1) The order is within the lawful scope of authority of the out-of-state practitioner.

(2) The order may be lawfully ordered or provided by a licensee in this state who practices the same branch of the healing arts as that of the out-of-state practitioner.

(3) The order is issued by an out-of-state practitioner who is not any of the following:

(A) A licensee whose license is suspended;

(B) an individual who previously was a licensee whose license is revoked under K.S.A. 65-2836 and amendments thereto; or

(C) a licensee whose license has a limitation by the board that prohibits the order. (Authorized by and implementing K.S.A. 65-2872, as amended by L. 2005, Ch. 117, § 1; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

**100-26-3. Orders for diagnostic professional services and therapeutic professional services.** (a) Any health care facility may perform a diagnostic professional service or therapeutic professional service pursuant to the valid order of an out-of-state practitioner.

(b) Any health professional may perform a diagnostic professional service outside of a health care facility pursuant to the valid order of an out-of-state practitioner. (Authorized by and implementing K.S.A. 65-2872, as amended by L. 2005, Ch. 117, § 1; effective, T-100-8-22-05, Aug. 22, 2005; effective, T-100-12-20-05, Dec. 20, 2005; effective March 17, 2006.)

## Article 27.—LIGHT-BASED MEDICAL TREATMENT

**100-27-1. Supervision of light-based medical treatment.** (a) (1) The phrase “class III or class IV device” shall mean a medical instru-

ment that meets either of the following conditions:

(A) Is a class IIIa, class IIIb, or class IV laser product as defined by 21 C.F.R. § 1040.10, as in effect on March 31, 2000; or

(B) emits radiation in a continuous wave of more than one milliwatt or at a pulsed rate of more than five milliwatts.

(2) The phrase “immediately available” shall mean that the licensee either is physically present in the same building or can be present at the location where the service is performed within five minutes.

(3) “Licensee” shall mean a person licensed to practice medicine and surgery or osteopathic medicine and surgery in this state.

(4) The phrase “light-based medical device” shall mean any instrument that produces or amplifies electromagnetic radiation at wavelengths equal to or greater than 180 nanometers, but less than or equal to  $1.0 \times 10^6$  nanometers, for the purpose of affecting the structure or function of any part of the living human body.

(5) The phrase “physically present” shall mean that the licensee is capable of constant, direct communication and is in the same office within the building where the service is performed throughout the entire time during which the service is performed.

(b) A licensee shall not authorize another person to perform a professional service using a light-based medical device unless either the licensee is immediately available or, except as limited by subsection (c), there is a written practice protocol signed by the licensee and the person performing the treatment that requires all of the following:

(1) The person performing the treatment will not provide any service for which the person is not competent by training, education, and experience.

(2) The person receiving the treatment is required to give consent to the treatment, after being informed of the nature and purpose of the treatment, risks, and expected consequences of treatment, alternatives to light-based medical treatment, and identification of the treatment as a medical and surgical procedure.

(3) The person performing the treatment is required to inform the person receiving the treatment of the licensee’s identity, emergency telephone number, and practice location, if different from the location at which the treatment is performed.

(4) Each treatment is required to be performed only at a location that the licensee maintains for the practice of the branch of the healing arts for which the licensee is licensed.

(5) Each treatment provided while the licensee is not physically present is required to be performed within written operating parameters.

(6) Creation of an adequate patient record is required.

(7) The licensee is required to review the patient record and authenticate this review within 14 days following the treatment.

(8) The person performing the treatment is prohibited from delegating the use of the light-based medical device to another person.

(c) A licensee shall not authorize another person to perform a professional service using a class III or class IV device or an intense pulsed-light device substantially equivalent to a laser surgical device as defined by 21 C.F.R. § 878.4810, as in effect on January 16, 1996, unless either of the following conditions is met:

(1) The licensee is physically present.

(2) The licensee is immediately available, and there is a written protocol signed by the licensee and the person performing the treatment that meets the requirements of paragraphs (b)(1) through (b)(8).

(d) This regulation shall not apply to an order by a licensee to any appropriate person for the application of light-based medical devices for phototherapy in the treatment of hyperbilirubinemia in neonates.

(e) This regulation shall not apply to any of the following:

(1) Any person licensed under the healing arts act to practice chiropractic who engages in light-based physiotherapy;

(2) any licensed physical therapist who provides treatments as authorized by law; or

(3) any licensed occupational therapist who provides treatments as authorized by law. (Authorized by K.S.A. 65-2865; implementing K.S.A. 2005 Supp. 65-28,127; effective June 1, 2001; amended March 22, 2002; amended Sept. 15, 2006.)

## **Article 28.—RESERVED**

### **Article 28a.—PHYSICIAN ASSISTANTS**

**100-28a-1. Fees.** The following fees shall be collected by the board:

(a) Application for license .....	\$150.00
(b) Annual renewal of license:	
(1) Paper renewal .....	\$135.00
(2) On-line renewal .....	\$130.00
(c) Late renewal of license:	
(1) Paper late renewal .....	\$170.00
(2) On-line late renewal .....	\$164.00
(d) License reinstatement .....	\$150.00
(e) Copy of license certificate .....	\$15.00
(f) Certified statement of licensure .....	\$15.00
(g) Temporary license .....	\$25.00

(Authorized by and implementing K.S.A. 2006 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended Nov. 15, 2002; amended Nov. 19, 2004; amended Nov. 26, 2007.)

**100-28a-2. Application.** (a) Each application for licensure as a physician assistant shall be submitted on a form provided by the board. The form shall contain the following information:

- (1) The applicant's full name;
- (2) the applicant's home address and, if different, the applicant's mailing address;
- (3) the applicant's date and place of birth;
- (4) employment information for the five years immediately before the date of application;
- (5) the issue date; state, territory, the District of Columbia, or other country of issuance; and the identifying number on any license, registration, or certification issued to the applicant to practice any health care profession; and
- (6) documentation of any prior acts constituting unprofessional conduct as defined in K.A.R. 100-28a-8.

(b) Each applicant shall submit the following with the application:

- (1) The fee required by K.A.R. 100-28a-1;
- (2) an official transcript from an educational program approved by the board as specified in K.A.R. 100-28a-3;
- (3) a notarized copy of a diploma from an approved educational program;
- (4) a verification from each state or jurisdiction where the applicant has been issued any license, registration, or certification to practice any health care profession;
- (5) a photograph of the applicant; and
- (6) evidence provided directly to the board from the testing entity of the results of a written

examination required and approved by the board as specified in K.A.R. 100-28a-4.

(c) The applicant shall sign the application, under oath. (Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-3. Education and training.** (a) Each educational program for physician assistants accredited by the accreditation review committee on education for the physician assistant, inc., or by a predecessor agency, and all other educational programs that are determined by the board to have a standard of education substantially equivalent to the accreditation criteria of the committee shall be approved by the board.

(b) Each applicant who has acquired experience as a physician assistant while serving in the armed forces of the United States shall provide proof that the applicant is competent to perform all of the following:

- (1) Screen patients to determine need for medical attention;
- (2) review patient records to determine health status;
- (3) take a patient history;
- (4) perform a physical examination;
- (5) perform a developmental screening examination on children;
- (6) record pertinent patient data;
- (7) make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;
- (8) prepare patient summaries;
- (9) initiate requests for commonly performed initial laboratory studies;
- (10) collect specimens for and carry out commonly performed blood, urine, and stool analyses and cultures;
- (11) identify normal and abnormal findings on history, physical examination and commonly performed laboratory studies;
- (12) initiate appropriate evaluation and emergency management for emergency situations, including cardiac arrest, respiratory distress, injuries, burns and hemorrhage;
- (13) counsel and instruct patients; and
- (14) administer commonly performed clinical procedures that shall include all of the following:
  - (A) Venipuncture;



- (B) intradermal tests;
- (C) electrocardiogram;
- (D) care and suturing of minor lacerations;
- (E) casting and splinting;
- (F) control of external hemorrhage;
- (G) application of dressings and bandages;
- (H) administration of medications and intravenous fluids, and transfusion of blood or blood components;
- (I) removal of superficial foreign bodies;
- (J) cardiopulmonary resuscitation;
- (K) audiometry screening;
- (L) visual screening; and
- (M) aseptic and isolation techniques. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-4. Examination.** (a) The examination approved by the board for licensure as a physician assistant shall be the physician assistant national certifying examination prepared and administered by the national commission on certification of physician assistants.

(b) To pass the approved examination, each applicant shall achieve at least the minimum passing score of 350.

(c) Each applicant who has passed the approved examination for a license and has not been in active practice as a physician assistant for more than one year, but less than five years from the date the application was submitted, shall provide one of the following:

(1) Evidence of completion of a minimum of 50 continuing education credit hours; or

(2) proof that the applicant has passed an examination approved by the board within 12 months before the date the application was submitted, or has successfully completed a continuing education program, or other individually tailored program approved by the board.

(d) Each applicant who has passed the examination for a license and has not been in active practice as a physician assistant for five years or more from the date the application was submitted shall provide proof that the applicant has passed an examination approved by the board within 12 months before the date the application was submitted, or has successfully completed a continuing education program or other individually tailored program approved by the board. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. Supp. 65-28a03 and 65-28a04; effective, T-

100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-5. Continuing education.** (a) On and after February 1, 2001, each physician assistant shall submit with a renewal application one of the following:

(1) Evidence of satisfactory completion of a minimum of 50 continuing education credit hours during the preceding year. A minimum of 20 continuing education credit hours shall be acquired from category I if 50 hours are submitted with the renewal application; or

(2) 100 continuing education credit hours during the preceding two-year period. A minimum of 40 continuing education credit hours shall be acquired from category I if 100 continuing education credit hours are submitted with the renewal application.

(b) A continuing education credit hour shall be 50 minutes of instruction or its equivalent. Meals and exhibit breaks shall not be included in the calculation of continuing education credit hours.

(c) Any applicant that does not meet the requirements for license renewal in subsection (a) may request an extension from the board. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension of up to six months may be granted by the board if documented circumstances make it impossible or extremely difficult for the individual to reasonably obtain the required continuing education hours.

(d) Any physician assistant initially licensed within one year of a renewal registration date shall be exempt from the continuing education required by subsection (a) for that first renewal period.

(e) The categories of continuing education credit shall be the following:

(1) Category I: attendance at an educational presentation approved by the board. Courses accepted by the American academy of physician assistants shall be approved by the board; and

(2) category II: participating in or attending an educational activity that does not meet the criterion specified in paragraph (e)(1) but that is approved by the board. Category II continuing education may include self-study or group activities.

(f) Evidence of satisfactory completion of continuing education shall be submitted to the board as follows:



(1) Documented evidence of attendance at or participation in category I and II activities; and

(2) verification, on a form provided by the board, of self-study from reading professional literature or other self-study activities. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-6. Scope of practice.** A physician assistant may perform acts that constitute the practice of medicine and surgery in the following instances:

(a) If directly ordered, authorized, and coordinated by the responsible or designated physician through the physician's immediate or physical presence;

(b) if directly ordered, authorized, and coordinated by the responsible or designated physician through radio, telephone, or other form of telecommunication;

(c) if authorized on the form provided by, and presented to, the board by the responsible physician pursuant to K.S.A. 2000 Supp. 65-28a03 and amendments thereto; or

(d) if an emergency exists. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-7. Professional incompetency: defined.** "Professional incompetency" means any of the following: (a) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(b) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or

(c) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to perform professional services as a physician assistant. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a05; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-8. Unprofessional conduct: defined.** "Unprofessional conduct" means any of the following: (a) Being convicted of a class A misdemeanor, whether or not related to the practice as a physician assistant;

(b) committing fraud or misrepresentation in

applying for or securing an original, renewal, or reinstated license;

(c) cheating on or attempting to subvert the validity of the examination for a license;

(d) soliciting professional services through the use of fraudulent or false advertisements;

(e) willfully or repeatedly violating the physician assistant licensure act, the pharmacy act of the state of Kansas, or the uniform controlled substances act, or any regulations adopted pursuant to these acts;

(f) engaging in the practice as a physician assistant under a false or assumed name, or impersonating another practitioner;

(g) practicing as a physician assistant without reasonable skill and safety to patients because of any of the following:

(1) Illness;

(2) alcoholism;

(3) excessive use of alcohol, drugs, controlled substances, chemicals, or any other type of material; or

(4) any mental or physical condition;

(h) having a license, certification, or registration revoked, suspended, limited, censured, or having any other disciplinary action taken, or an application for a license denied by the proper licensing authority of another state, territory, the District of Columbia, or other country;

(i) prescribing, selling, administering, distributing, or giving a controlled substance to any person for other than a medically accepted or lawful purpose;

(j) prescribing, dispensing, administering, or distributing a prescription drug or substance, including a controlled substance, in an excessive, improper, or inappropriate manner or quantity, or not in the course of the licensee's professional practice;

(k) prescribing, dispensing, administering, or distributing an anabolic steroid or human growth hormone for other than a valid medical purpose;

(l) prescribing, ordering, dispensing, administering, selling, supplying, or giving any amphetamines or sympathomimetic amines, except as authorized by K.S.A. 2000 Supp. 65-2837a, and amendments thereto;

(m) failing to furnish the board, or its investigators or representatives, with any information legally requested by the board;

(n) knowingly submitting any misleading, deceptive, untrue, or fraudulent representation on a claim form, bill, or statement;

(o) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;

(p) assisting in the care or treatment of a patient without the consent of the patient, the attending physician, or the patient's legal representative;

(q) willfully betraying confidential information;

(r) committing conduct likely to deceive, defraud, or harm the public;

(s) allowing another person or organization to use the physician assistant's license to perform professional services;

(t) committing any act of sexual abuse, misconduct, or exploitation related to the licensee's professional practice;

(u) failing to keep written medical records that accurately describe the services rendered to the patient;

(v) using any false, fraudulent, or deceptive statement in any document connected with the practice of the healing arts, including the intentional falsifying or fraudulent altering of a patient or medical care facility record;

(w) performing unnecessary tests, examinations, or services that have no legitimate medical purpose; or

(x) delegating professional responsibilities to a person if the physician assistant knows or has reason to know that the person is not qualified by education, training, or experience to perform them. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a05; effective, T-100-2-13-01, Feb. 13 2001; effective June 1, 2001.)

**100-28a-9. Physician request form; content.** The responsible physician request form to be presented to the board pursuant to K.S.A. 2000 Supp. 65-28a03, and amendments thereto, shall contain the following information: (a) The date and signatures of the responsible physician and the physician assistant;

(b) the license numbers of the responsible physician and the physician assistant;

(c) a description of the physician's practice and the way in which the physician assistant is to be utilized;

(d) a statement that the responsible physician will always be available for communication with the physician assistant within 30 minutes of the performance of patient service by the physician assistant;

(e) a completed drug prescription protocol on

a form provided by the board specifying categories of drugs, medicines, and pharmaceuticals that the physician assistant will be allowed to prescribe, and the drugs within any category that the physician assistant will not be allowed to supply, prescribe, receive, or distribute;

(f) the name and address of each practice location, including hospitals, where the physician assistant will routinely perform acts that constitute the practice of medicine and surgery;

(g) signatures of all designated physicians who routinely provide direction and supervision to the physician assistant in the temporary absence of the responsible physician, and a description of the procedures to be followed to notify a designated physician in the responsible physician's absence;

(h) an acknowledgment that failure to adequately direct and supervise the physician assistant in accordance with K.S.A. 2000 Supp. 65-28a01 through K.S.A. 65-28a09, and amendments thereto, or regulations adopted under these statutes by the board, shall constitute grounds for revocation, suspension, limitation, or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas;

(i) a statement that a current copy of the form will be maintained at each practice location of the responsible physician and the physician assistant and that any changes to the form will be provided to the board within 10 days; and

(j) an acknowledgment that the responsible physician has established and implemented a method for initial and periodic evaluation of the professional competency of the physician assistant and that evaluations will be performed at least annually. (Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-10. Supervision and direction; adequacy.** Direction and supervision of the physician assistant shall be considered to be adequate if the responsible physician meets all of the following requirements: (a) At least annually, reviews and evaluates the professional competency of the physician assistant;

(b) at least annually, reviews any drug prescription protocol and determines if any modifications, restrictions, or terminations are required. Any of these changes shall be conveyed to the physician assistant and set forth in all copies of the protocol required by K.A.R. 100-28a-9 to be maintained and provided;

(c) engages in the practice of medicine and surgery in this state;

(d) insures that the physician assistant has a current license issued by the board;

(e) within 10 days, reports to the board any knowledge of disciplinary hearings, formal hearings, public or private censure, or other disciplinary action taken against the physician assistant by any state's licensure or registration authority or any professional association;

(f) within 10 days, reports to the board any litigation, threatened litigation, or claim alleging professional incompetency or professional negligence on the part of the physician assistant;

(g) at least every 14 days, reviews all records of patients treated by the physician assistant and authenticates this review in the patient record;

(h) reviews patient records and authenticates the review in each patient record within 48 hours of treatment provided by the physician assistant if the treatment provided in an emergency exceeded the authority granted to the physician assistant by the responsible physician request form required by K.A.R.100-28a-9;

(i) provides for a designated physician to provide supervision and direction on each occasion when the responsible physician is temporarily absent, is unable to be immediately contacted by telecommunication, or is otherwise unavailable at a time the physician assistant could reasonably be expected to provide professional services; and

(j) delegates to the physician assistant only those acts that constitute the practice of medicine and surgery that the responsible physician believes or has reason to believe can be competently performed by the physician assistant, based upon the physician assistant's background, training, capabilities, skill, and experience. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a02; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-11. Duty to communicate.** The physician assistant shall communicate with the responsible or designated physician concerning a patient's condition if the physician assistant believes that the patient's condition may require any treatment that the physician assistant has not been authorized to perform. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-12. Designated physician.** If a

designated physician directs and supervises a physician assistant, the designated physician shall be deemed to have the same duties and responsibilities as those of the responsible physician. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-13. Prescription-only drugs.**

(a) A physician assistant may prescribe a prescription-only drug or administer or supply a prescription-only drug as authorized by the drug prescription protocol required by K.A.R. 100-28a-9 and as authorized by this regulation.

(b) As used in this regulation, "emergency situation" shall have the meaning ascribed to it in K.A.R. 68-20-19(a)(5).

(c) A physician assistant may directly administer a prescription-only drug as follows:

(1) If directly ordered or authorized by the responsible or designated physician;

(2) if authorized by a written drug prescription protocol between the responsible physician and the physician assistant; or

(3) if an emergency situation exists.

(d)(1) A physician assistant may prescribe a schedule II controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6. Except as specified in paragraph (d)(2), each prescription for a schedule II controlled substance shall be in writing.

(2) A physician assistant may, by oral or telephonic communication, prescribe a schedule II controlled substance in an emergency situation. Within seven days after authorizing an emergency prescription order, the physician assistant shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.

(e) A physician assistant may orally, telephonically, or in writing prescribe a controlled substance listed in schedule III, IV, or V, or a prescription-only drug not listed in any schedule as a controlled substance in the same manner as that in which the physician's assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6.

(f) Each written prescription order by a physician assistant shall meet the following requirements:

(1) Contain the name, address, and telephone number of the responsible physician;

(2) contain the name, address, and telephone number of the physician assistant;

(3) be signed by the physician assistant with the letters "P.A." following the signature;

(4) contain any DEA registration number issued to the physician assistant if a controlled substance is prescribed; and

(5) indicate whether the prescription order is being transmitted by direct order of the responsible or designated physician, pursuant to a written protocol, or because of an emergency situation.

(g) A physician assistant may supply a prescription-only drug to a patient only if all of the following conditions are met:

(1) If the drug is supplied under the same conditions as those in which a physician assistant may directly administer a prescription-only drug, as described in subsection (b) above;

(2) if the drug has been provided to the physician assistant or the physician assistant's responsible physician or employer at no cost;

(3) if the drug is commercially labeled and is supplied to the patient in the original prepackaged unit-dose container; and

(4) if the drug is supplied to the patient at no cost.

(h) A physician assistant shall not administer, supply, or prescribe a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the responsible physician. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-14. Different practice location.** (a) "Different practice location" means an office or location that is maintained or utilized by a responsible physician to regularly meet patients or to receive calls and that is not the primary practice location of the responsible physician.

(b) A physician assistant may perform acts that constitute the practice of medicine and surgery at a different practice location only if all of the following conditions are met:

(1) Before providing any services at the different practice location, the physician assistant has spent a minimum of 80 hours since being licensed under the immediate or physical supervision and direction of a physician licensed in this state.

(2) A physician licensed in this state periodically sees and treats patients at the different practice location.

(3) Written notice is conspicuously posted that the different practice location is staffed primarily by a physician assistant. (Authorized by K.S.A. 2004 Supp. 65-28a03; implementing K.S.A. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended July 22, 2005.)

**100-28a-15. Licensure; expiration.** (a) Except as specified in subsection (b), each physician assistant license issued by the board shall expire on December 31 of each year.

(b) A license issued or reinstated from October 1 through December 31 shall expire on December 31 of the following year. (Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-16. Reinstatement; lapsed and revoked licenses.** (a) Each applicant who has not been in active practice as a physician assistant in another state or jurisdiction and who desires to reinstate a license that has been lapsed for failure to renew shall submit proof of continuing medical education as follows:

(1) If the time since the license lapsed has been one year or less, no continuing medical education shall be required in addition to that which would have been necessary had the license been renewed before expiration.

(2) If the time since the license lapsed has been more than one year but less than five years, the applicant shall provide one of the following:

(A) Evidence of completion of a minimum of 50 hours of continuing education credit within 12 months before the date the application for reinstatement was submitted; or

(B) proof that the applicant has passed an examination approved by the board within 12 months before the date the application for reinstatement was submitted, or has successfully completed a continuing education program or other individually tailored program approved by the board.

(3) If the time since the license lapsed has been five years or more, the applicant shall provide proof of passage of an examination approved by the board within 12 months before the date the application for reinstatement was submitted, or proof of successful completion of a continuing ed-



ucation program or other individually tailored program approved by the board.

(b) Each applicant who has been in active practice as a physician assistant in another state or jurisdiction that requires a license, registration, or certification to practice and who desires to reinstate a license that has been lapsed for failure to renew shall submit proof of the current license, registration, or certification and proof of compliance with the continuing medical education requirements of that state or jurisdiction.

(c) Each applicant seeking reinstatement of a revoked license shall successfully complete an individually tailored program approved by the board. (Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-17. Limitation on number of physician assistants supervised.** (a) A responsible physician shall not provide direction and supervision to more than two physician assistants without the board's prior approval.

(b) Each responsible physician wishing to provide direction and supervision to more than two physician assistants shall provide a written and signed request to the board with the following information:

(1) The name of each physician assistant to whom the responsible physician proposes to provide direction and supervision; and

(2) the reason for the request.

(c) The reasons for requesting approval to provide direction and supervision to more than two physician assistants shall include at least one of the following:

(1) The usual number of hours worked each week by one or more of the physician assistants is less than full time.

(2) The usual number of days worked each week by one or more of the physician assistants is less than full time.

(3) One or more of the physician assistants will temporarily leave the responsible physician's direction and supervision. (Authorized by K.S.A. 65-28a03, as amended by L. 2004, Ch. 117, Sec. 17; implementing K.S.A. 65-28a10, as amended by L. 2004, Ch. 117, Sec. 7; effective July 22, 2005.)

**100-28a-18. Physician assistant; ownership of corporation or company.** (a) Licensed physician assistants shall not hold more than 49 percent of the total number of shares issued by a professional corporation that is organ-

ized to render the professional services of a physician, surgeon or doctor of medicine, or osteopathic physician or surgeon.

(b) Licensed physician assistants shall not contribute more than 49 percent of the total amount of capital to a professional liability company that is organized to render the professional services of a physician, surgeon or doctor of medicine, or osteopathic physician or surgeon. (Authorized by K.S.A. 17-2716 and K.S.A. 2004 Supp. 65-28a13; implementing K.S.A. 2004 Supp. 65-28a13; effective July 22, 2005.)

## Article 29.—PHYSICAL THERAPY

**100-29-1. Applications.** (a) Each individual seeking licensure as a physical therapist or certification as a physical therapist assistant shall submit a completed application on a form provided by the board and shall include the following information in plain, legible writing:

(1) The applicant's full name;

(2) the applicant's social security number or individual tax identification number;

(3) the applicant's business address. If the applicant's business address is different from the applicant's residential address, the applicant shall also provide the residential address;

(4) the applicant's home and business telephone numbers;

(5) the applicant's date and place of birth;

(6) the name of an educational program recognized under K.A.R. 100-29-2 from which the applicant graduated, the degree awarded to the applicant, and the date of graduation;

(7) information regarding any licenses, registrations, or certifications issued to the applicant to practice as a physical therapist or physical therapist assistant;

(8) information regarding any prior acts specified in K.S.A. 65-2912, and amendments thereto, that could constitute grounds for denial of the application;

(9) a notarized release authorizing the board to receive any relevant information, files, or records requested by the board in connection with the application; and

(10) the number of times the applicant has taken the examination required by the board for licensure or certification, including the state where the examination was taken, each date that the examination was taken, and each examination score.

(b) Except as specified in subsection (d), each applicant shall submit the following with the application:

(1) The fee required by K.A.R. 100-29-7;

(2)(A)(i) A transcript from an educational program recognized by the board under K.A.R. 100-29-2; and

(ii) a notarized copy of a diploma from a recognized educational program; or

(B) a final transcript showing the degree awarded from an educational program recognized by the board under K.A.R. 100-29-2;

(3) a verification on a form provided by the board of each license, registration, or certification issued to the applicant by any state or the District of Columbia relating to physical therapy;

(4) a current photograph, three by four inches in size, of the applicant's head and shoulders taken within 90 days before the date the application is received by the board; and

(5) the results of a written examination recognized and approved by the board under K.A.R. 100-29-4, which shall be provided directly to the board from the testing entity.

(c) The applicant shall sign the application under oath.

(d) Any applicant who cannot provide the documents required by paragraph (b)(2) may arrange for a certificate to be provided directly to the board by a recognized educational program, showing the program that the applicant attended, the dates of attendance, the degree obtained, and the date of graduation.

(e) The physical therapy advisory council shall consider the application from each person who has not been engaged in an educational program recognized by the board and has not engaged in the practice of physical therapy during the five years preceding the date of the application. The council shall then make its recommendation to the board. (Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2903, 65-2906, and 65-2912; effective March 21, 1997; amended May 26, 2006.)

**100-29-2. Approval of physical therapy programs.** (a) An educational program for licensure as a physical therapist shall be recognized by the board if the program meets the "evaluative criteria for accreditation of education programs for the preparation of physical therapists," revised April 2005 by the commission on accreditation in

physical therapy education and hereby adopted by reference.

(b) An educational program for certification as a physical therapist assistant shall be recognized by the board if the program meets the "evaluative criteria for accreditation of education programs for the preparation of physical therapy assistants," adopted November 1, 2000 by the commission on accreditation in physical therapy education and hereby adopted by reference. (Authorized by K.S.A. 2005 Supp. 65-2911; implementing K.S.A. 2005 Supp. 65-2906; effective March 21, 1997; amended July 14, 2006.)

**100-29-3. Requirements for physical therapists and physical therapist assistants from nonapproved schools.** (a) Each person

who received training from a nonapproved school and who applies for licensure as a physical therapist or certification as a physical therapist assistant shall submit with the application an evaluation prepared for the state of Kansas by a board-approved credentialing agency.

(b) If the evaluation shows that the applicant's educational program did not meet the criteria that a school is required to satisfy to be approved by the board, the applicant may be required by the board, with the advice of the physical therapy advisory council, to perform one of the following:

(1) Complete college courses in the areas that did not meet the required criteria with a grade average of at least "B" or its equivalent; or

(2) apply college-level examination program scores towards semester credit hours for the courses specified by the board. (Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2906; effective March 21, 1997; amended May 26, 2006.)

**100-29-3a. Examination of written and oral English communication.** (a) For applicants

who received training in a school at which English was not the language of instruction, the examinations required and approved by the board to demonstrate the ability to communicate in written and oral English shall be the test of English as a foreign language (TOEFL) and the test of spoken English (TSE) developed and administered by the educational testing service (ETS), a not-for-profit company organized under the laws of the state of New Jersey.

(b) To successfully pass the test of English as a foreign language, each applicant who is required

to take this examination shall attain a score of at least 550.

(c) To successfully pass the test of spoken English, each applicant who is required to take this examination shall attain a score of at least 50. (Authorized by K.S.A. 65-2911; implementing K.S.A. 1997 Supp. 65-2906 and K.S.A. 65-2909; effective Sept. 11, 1998.)

**100-29-4. Examination.** (a) The examination required and approved by the board for licensure as a physical therapist shall be the physical therapist examination developed by the federation of state boards of physical therapy.

(b) The examination required and approved by the board for certification as a physical therapist assistant shall be the physical therapist assistant examination developed by the federation of state boards of physical therapy.

(c) To pass the examination for licensure or certification, each physical therapist and physical therapist assistant shall attain a criterion-referenced scaled score of at least 600 on a scale ranging from 200 to 800.

(d) Each applicant who fails to pass the examination after three attempts shall submit evidence of completion of additional education approved by the board before being allowed to take the examination an additional time. (Authorized by K.S.A. 2005 Supp. 65-2911; implementing K.S.A. 2005 Supp. 65-2906; effective March 21, 1997; amended July 14, 2006.)

**100-29-5.** (Authorized by and implementing K.S.A. 65-2911; effective March 21, 1997; revoked May 26, 2006.)

**100-29-6. Lost or destroyed certificates; change of name; new certificates.** (a) If a certificate of licensure or certification is lost or destroyed, the licensed or certified person may request a duplicate certificate. Each request shall be submitted in writing, shall include the number of the original certificate, and shall be accompanied by the fee specified in K.A.R. 100-29-7.

(b) If the name of a licensed or certified person is changed, the licensed or certified person shall send the name change to the board within 30 days of the change. This notification shall be submitted in writing, shall be accompanied by an attested document of the change of name, shall include the number of the original certificate, and shall be accompanied by the fee required for a duplicate certificate specified in K.A.R. 100-29-7. The licensed

or certified person shall surrender the original certificate to the board. (Authorized by and implementing K.S.A. 2004 Supp. 65-2911; effective March 21, 1997; amended May 26, 2006.)

**100-29-7. Fees.** The following fees shall be collected by the board:

- (a) Application based upon certificate of prior examination ..... \$80.00
- (b) Application based on examination ..... \$80.00
- (c) Annual renewal:
  - (1) Paper renewal ..... \$70.00
  - (2) On-line renewal ..... \$67.00
- (d) Late renewal:
  - (1) Paper late renewal ..... \$5.00
  - (2) On-line late renewal ..... \$5.00
- (e) Reinstatement ..... \$80.00
- (f) Certified copy ..... \$15.00
- (g) Duplicate certificate ..... \$15.00
- (h) Temporary permit ..... \$25.00

(Authorized by K.S.A. 2006 Supp. 65-2911; implementing K.S.A. 2006 Supp. 65-2910 and K.S.A. 2006 Supp. 65-2911; effective March 21, 1997; amended May 1, 1998; amended Sept. 29, 2000; amended Nov. 15, 2002; amended Nov. 19, 2004; amended March 7, 2008.)

**100-29-8. License and certificate renewal; expiration date; notification of supervision.** (a) The license of each physical therapist and the certificate of each physical therapist assistant shall expire on December 31 of each year.

(b) At the time of license renewal, the physical therapist shall provide the name and certificate number of each physical therapist assistant who is working under the direction of the physical therapist on a form provided by the board.

(c) At the time of a renewal of certification, the physical therapist assistant shall provide, on a form furnished by the board, the name and license number of the physical therapist who is supervising the assistant. (Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2910; effective March 21, 1997; amended May 26, 2006.)

**100-29-9. License and certificate renewal; continuing education.** (a)(1)(A) As a condition of renewal for each odd-numbered year, each licensed physical therapist or certified physical therapist assistant shall submit, in addition to the annual application for renewal of licensure or

certification, evidence of satisfactory completion within the preceding two-year period of a minimum of 40 contact hours of continuing education for a licensed physical therapist and a minimum of 20 contact hours of continuing education for a certified physical therapist assistant.

(B) Evidence of satisfactory completion of a program of continuing education shall not be required to be submitted with the application or renewal of licensure or certification in even-numbered years.

(2) A contact hour shall be 60 minutes of instruction.

(3) Meals and breaks shall not be included in the contact hour calculation.

(b) Any applicant for renewal who cannot meet the requirements of paragraph (a)(1)(A) may request an extension from the board to submit evidence of continuing education. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension of up to six months may be granted by the board for good cause shown.

(c) A physical therapist initially licensed or physical therapist assistant initially certified within one year of a renewal date when evidence of continuing education must be submitted shall not be required to submit evidence of satisfactory completion of a program of continuing education required by paragraph (a)(1)(A) for that first renewal period. Each physical therapist or physical therapist assistant initially licensed or certified or whose license or certificate has been reinstated for more than one year but less than two years from a renewal date when continuing education required by paragraph (a)(1)(A) must be submitted shall be required to submit evidence of satisfactory completion of at least  $\frac{1}{2}$  of the contact hours of continuing education required by paragraph (a)(1)(A).

(d) All continuing education classes and literature shall be related to the field of physical therapy.

(e) All continuing education shall meet the requirements of subsection (f).

(f) Continuing education experiences shall be related to the following:

- (1) Clinical skills;
- (2) administration and management techniques;
- (3) educational principles when providing serv-

ice to patients, families, health professionals, health professional students, or the community;

- (4) research projects with published results;
- (5) interaction with the community;
- (6) legislative issues involving the profession;
- (7) health care and the health care delivery system;

(8) documentation, reimbursement, cost-effectiveness, and activities;

(9) problem solving, critical thinking, and ethics; and

(10) multidisciplinary care.

(g) Continuing education experiences shall include the following:

(1) Lecture. "Lecture" shall mean a discourse given before an audience for instruction.

(2) Panel. "Panel" shall mean the presentation of a number of views by several professional individuals on a given subject, with none of the views considered a final solution.

(3) Workshop. "Workshop" shall mean a series of meetings designed for intensive study, work, or discussion in a specific field of interest.

(4) Seminar. "Seminar" shall mean directed advanced study or discussion in a specific field of interest.

(5) Symposium. "Symposium" shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers.

(6) In-service training. "In-service training" shall mean an educational presentation pertaining solely to the enhancement of physical therapy skills in the evaluation, assessment, or treatment of patients.

(7) College or university courses. "College or university course" shall mean a course at the college or university level that directly enhances physical therapy skills or knowledge. Ten contact hours shall be given for each semester credit hour for which the student received a grade of at least "C" or its equivalent, or a "pass" in a pass/fail course.

(8) Administrative training. "Administrative training" shall mean a presentation that enhances the knowledge of a physical therapist or physical therapist assistant and that does not pertain solely to patient care. Approved presentation topics shall include quality assurance, risk management, reimbursement, hospital and statutory requirements, and claim procedures.



(9) Self-instruction. "Self-instruction" shall mean the following:

(A) Reading professional literature. A maximum of two contact hours shall be given for reading;

(B) completion of a home study, correspondence, audio, video, or internet course for which a printed verification of successful completion is provided by the person or organization offering the course. A maximum of 10 contact hours shall be given for each course; and

(C) passage of a specialty certification examination approved by the board. A maximum of 40 contact hours shall be given for passage of a specialty certification examination.

(10) Professional publications. Contact hours for writing a professional publication shall be allotted as follows:

(A) Original paper	single author	20
	senior author	15
	coauthor	8

(B) Review paper or case report	single author	15
	coauthor	8

(C) Abstract or book review	8
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(D) Publication of a book	20
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(h)(1) Each licensed physical therapist or certified physical therapist assistant who presents a continuing education program shall receive three contact hours for each hour of presentation.

(2) No credit shall be granted for any repeated presentations of the same subject matter.

(i) To provide evidence of satisfactory completion of continuing education, the following shall be submitted to the board:

(1) Documented evidence of attendance at or completion of continuing education experiences;

(2) personal verification of self-instruction from reading professional literature; and

(3) copies of any professional publication. (Authorized by K.S.A. 2004 Supp. 65-2910 and 65-2911; implementing K.S.A. 2004 Supp. 65-2910; effective March 21, 1997; amended Nov. 14, 2003; amended May 26, 2006.)

**100-29-10. Canceled licenses and certificates; reinstatement.** (a) Each physical therapist and physical therapist assistant desiring to reinstate a canceled license or certificate shall meet the following requirements:

(1) Submit a completed written application on a form prescribed by the board;

(2) pay the reinstatement fee established by the board, no part of which shall be refunded; and

(3) submit proof of satisfactory completion of a program of continuing education as specified in subsection (b).

(b)(1) If the license of a physical therapist has been canceled for less than five years, the applicant shall complete the continuing education that was required at the time the license was canceled and a minimum of an additional 10 contact hours for each six months since the date the license was canceled.

(2) If the certification of a physical therapist assistant has been canceled for less than five years, the applicant shall complete the continuing education that was required at the time the certification was canceled and a minimum of an additional five contact hours for each six months since the date the certification was canceled.

(3) If the license or certificate has been canceled for five years or more, the applicant shall be required to complete an individually tailored continuing education program approved by the board.

(4) If the applicant has been in active practice in another state or the District of Columbia since the date on which the Kansas license or certificate was canceled, the applicant shall submit proof of a current license, registration, or certification, and proof of compliance with the continuing education requirements of that jurisdiction. (Authorized by K.S.A. 2004 Supp. 65-2910 and K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2910; effective March 21, 1997; amended Nov. 14, 2003; amended May 26, 2006.)

**100-29-11.** (Authorized by K.S.A. 65-2903 and 65-2911; implementing K.S.A. 65-2912; effective March 21, 1997; revoked Nov. 27, 2006.)

**100-29-12. Unprofessional conduct.** (a) "Unprofessional conduct" means any of the following:

(1) Engaging in physical therapy using either of the following means:

(A) A false or assumed name; or

(B) impersonating another person licensed as a physical therapist or certified as a physical therapist assistant;

(2) practicing physical therapy without reasonable skill and safety because of any of the following:

(A) Illness;

(B) alcoholism;

(C) use of drugs, controlled substances, chemicals, or any other type of material; or

(D) any mental or physical condition that impairs judgment or ability to provide care;

(3) having a physical therapist or physical therapist assistant license, registration, or certification revoked, suspended, or limited by the proper regulatory authority of another state, territory, or country, or the District of Columbia for acts or conduct that would constitute grounds for disciplinary action under K.S.A. 65-2912 and amendments thereto;

(4) having a physical therapist or physical therapist assistant application denied by the proper regulatory authority of another state, territory, or country, or the District of Columbia for acts or conduct that would constitute grounds for disciplinary action under K.S.A. 65-2912 and amendments thereto;

(5) cheating or attempting to subvert the validity of the examination required for licensure or certification;

(6) failing to provide adequate supervision to a physical therapist assistant or other person who performs services pursuant to delegation by a physical therapist;

(7) failing to furnish to the board, its investigators, or representatives any information legally requested by the board;

(8) being sanctioned or disciplined by a peer review committee or medical care facility for acts or conduct that would constitute unprofessional conduct under this regulation;

(9) surrendering a license, registration, or certification to practice physical therapy in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation under K.S.A. 65-2912 and amendments thereto;

(10) committing one or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(11) committing repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board;

(12) engaging in a pattern of practice or other conduct that demonstrates a manifest incapacity or incompetence to practice physical therapy;

(13) representing to a patient or client that a

manifestly incurable disease, condition, or injury can be permanently cured;

(14) providing physical therapy to a patient or client without the consent of the patient or client or the patient's or client's legal representative;

(15) willfully betraying confidential information provided by the patient or client;

(16) advertising a guarantee of any professional service relating to physical therapy;

(17) using any advertisement that is false, misleading, or deceptive in any material respect;

(18) committing conduct likely to deceive, defraud, or harm the public;

(19) making a false or misleading statement regarding the license or certificate holder's skill;

(20) committing any act of sexual abuse, misconduct, or exploitation relating to the professional practice of physical therapy;

(21) obtaining any fee by fraud, deceit, or misrepresentation;

(22) failing to maintain adequate written records detailing the course of treatment of the patient or client;

(23) delegating physical therapy to a person who the license or certificate holder knows or has reason to know is not qualified by training or experience to perform the physical therapy;

(24) referring a patient or client to a health care entity for services if the license or certificate holder has a significant investment interest in the health care entity, unless the patient or client is informed of the following in writing:

(A) The significant investment interest; and

(B) the fact that the patient or client can obtain the services elsewhere;

(25) performing tests, examinations, or services that have no legitimate purpose;

(26) violating any regulations adopted by the board relating to the practice of physical therapy;

(27) directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, other than through the legal functioning of a professional partnership, professional corporation, limited liability company, or similar business entity;

(28) practicing or offering to practice beyond the scope of the legal practice of physical therapy;

(29) charging excessive fees for services performed;

(30) aiding and abetting a person who is not licensed or certified in the performance of activities requiring a license or certificate; or

(31) providing treatment unwarranted by the condition of the patient or continuing treatment beyond the merit of reasonable benefit.

(b) Each physical therapist and physical therapist assistant shall maintain an adequate record for each patient or client for whom the physical therapist or physical therapist assistant performs a professional service. Each record shall meet the following criteria:

- (1) Be legible;
  - (2) identify the patient or client; and
  - (3) contain an evaluation, a diagnosis, a plan of care, and a treatment and discharge plan.
- (c) As used in this regulation, "health care entity" and "significant investment interest" shall have the meanings ascribed to them in K.S.A. 65-2837 and amendments thereto. (Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2912; effective March 21, 1997; amended May 26, 2006.)

**100-29-13. Notification to board.** (a) Before a physical therapist allows a physical therapist assistant to work under the physical therapist's direction, the physical therapist shall inform the board of the following:

- (1) The name of each physical therapist assistant who intends to work under the direction of that physical therapist; and
- (2) the physical therapist assistant's practice address.

(b) Each physical therapist and each physical therapist assistant shall inform the board in writing within 30 days of any changes in the mailing, residence, or practice address. (Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2901; effective March 21, 1997; amended May 26, 2006.)

**100-29-14.** (Authorized by K.S.A. 65-2911; implementing K.S.A. 1996 Supp. 65-2906; effective March 21, 1997; revoked July 14, 2006.)

**100-29-15. Professional liability insurance.** (a) Each person licensed by the board as a physical therapist shall, before rendering professional services within the state, submit to the board evidence that the person is maintaining the professional liability insurance coverage required by K.S.A. 65-2920 and amendments thereto, for which the limit of the insurer's liability shall be not less than \$100,000 per claim, subject to an annual aggregate of not less than \$300,000 for all claims made during the period of coverage.

(b) Each person licensed by the board as a physical therapist and rendering professional services in this state shall submit, with the annual application for renewal of the license, evidence that the person is maintaining the professional liability insurance coverage specified in subsection (a). (Authorized by K.S.A. 2004 Supp. 65-2911; implementing K.S.A. 2004 Supp. 65-2920; effective May 26, 2006.)

**100-29-16. Supervision of physical therapist assistants and support personnel.**

(a) Each physical therapist shall be responsible for the following:

- (1) The physical therapy services provided to a patient or client by any physical therapist working under the direction of the physical therapist; and
- (2) the tasks relating to the physical therapy services provided to a patient or client by any support personnel working under the personal supervision of the physical therapist or by the physical therapist assistant acting under the direction of the physical therapist.

(b) Each physical therapist and each physical therapist assistant acting under the direction of a physical therapist shall provide personal supervision of the support personnel during any session in which support personnel are utilized to carry out a task.

(1) "Personal supervision" shall mean oversight by a physical therapist or by a physical therapist assistant acting under the direction of the physical therapist who is on-site and immediately available to the support personnel.

(2) "Support personnel" shall mean any person other than a physical therapist or physical therapist assistant. Support personnel may be designated as or describe themselves as physical therapy aides, physical therapy technicians, physical therapy paraprofessionals, rehabilitation aides, or rehabilitation technicians.

(3) "Task" shall mean an activity that does not require the formal education or training of a physical therapist or a physical therapist assistant.

(c) The determination by the physical therapist to utilize a physical therapist assistant for selected components of physical therapy interventions shall require the education, expertise, and professional judgment of the physical therapist. Before delegating an intervention by a physical therapist to a physical therapist assistant and before delegating a designated task to support personnel, the physical therapist shall consider the following:

(1) The education, training, experience, and skill level of the physical therapist assistant;

(2) the complexity and acuteness of the patient's or client's condition or health status;

(3) the predictability of the consequences;

(4) the setting in which the care is being delivered to the patient or client; and

(5) the frequency of reexamination of the patient or client.

(d) Only a physical therapist may perform any of the following:

(1) Interpretation of a referral;

(2) performance and documentation of an initial examination, testing, evaluation, diagnosis, and prognosis;

(3) development or modification of a plan of care that is based on a reexamination of the patient or client that includes the physical therapy goals for intervention;

(4) determination of the qualifications of support personnel performing an assigned task;

(5) delegation of and instruction about the service to be rendered by the physical therapist assistant;

(6) timely review of documentation, reexamination of the patient or client, and revision of the plan of care when indicated;

(7) establishment and documentation of the discharge plan and discharge summary; and

(8) oversight of all documentation for services, including documents for billing, rendered to each patient or client under the care of the physical therapist.

(e) In all practice settings, the performance of selected interventions by the physical therapist assistant and the delegation of designated tasks to support personnel shall be consistent with the safe and legal practice of physical therapy and shall be based on the following factors:

(1) The complexity and acuteness of the patient's or client's condition or health status;

(2) the physical therapist's proximity and accessibility to the patient or client;

(3) the supervision available for all emergencies or critical events;

(4) the type of setting in which the physical therapy intervention is provided;

(5) the ability of the physical therapist assistant to perform the selected interventions or the support personnel to perform designated tasks; and

(6) an assessment by the physical therapist of the ability of the support personnel to perform designated tasks.

(f) A physical therapist shall not have more than four physical therapist assistants working concurrently under the direction of that physical therapist.

(g) Failure to meet the provisions of this regulation shall constitute unprofessional conduct. (Authorized by K.S.A. 2005 Supp. 65-2911; implementing K.S.A. 2005 Supp. 65-2912; effective July 14, 2006.)

#### **Article 30.—PHYSICAL THERAPY EXAMINING COMMITTEE**

**100-30-1 and 100-30-2.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

#### **Article 31.—OFFICERS**

**100-31-1 and 100-31-2.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

**100-31-3 and 100-31-4.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1984.)

**100-31-5.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

#### **Article 32.—COMPENSATION**

**100-32-1.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

#### **Article 33.—MEETINGS**

**100-33-1 and 100-33-2.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1984.)

**100-33-3.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

#### **Article 34.—PHYSICAL THERAPY— DEFINITIONS**

**100-34-1 and 100-34-2.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

**100-34-3.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked March 21, 1997.)

**100-34-4.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked March 21, 1997.)



**Article 35.—PHYSICAL THERAPY—  
REGISTRATION**

**100-35-1.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2906; effective Jan. 1, 1966; amended May 1, 1984; revoked March 21, 1997.)

**100-35-2.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

**100-35-3.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2906; effective Jan. 1, 1966; amended May 1, 1975; amended May 1, 1984; revoked March 21, 1997.)

**100-35-4 and 100-35-5.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

**100-35-6.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2906, 65-2909; effective Jan. 1, 1973; amended May 1, 1984; revoked March 21, 1997.)

**100-35-7.** (Authorized by K.S.A. 65-2911; implementing K.S.A. 65-2906; effective May 1, 1978; amended May 1, 1984; amended June 20, 1994; revoked March 21, 1997.)

**Article 36.—PHYSICAL THERAPY—  
TEMPORARY PERMITS**

**100-36-1.** (Authorized by and implementing K.S.A. 65-2911; effective Jan. 1, 1966; amended Jan. 1, 1971; amended May 1, 1978; amended May 1, 1987; revoked March 21, 1997.)

**Article 37.—PHYSICAL THERAPY—  
PROFESSIONAL CONDUCT**

**100-37-1.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2906, 65-2912; effective Jan. 1, 1966; amended May 1, 1984; revoked March 21, 1997.)

**100-37-2.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2906; effective May 1, 1984; revoked March 21, 1997.)

**Article 38.—PHYSICAL THERAPY—FEES**

**100-38-1.** (Authorized by K.S.A. 65-2911; implementing K.S.A. 65-2910; effective Jan. 1, 1966; amended Jan. 1, 1973; amended May 1, 1975; amended May 1, 1986; amended, T-100-10-

17-89, Oct. 17, 1989; amended Feb. 5, 1990; amended Dec. 27, 1993; amended June 26, 1995; revoked March 21, 1997.)

**Article 39.—PHYSICAL THERAPY—  
CERTIFICATES**

**100-39-1.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2908; effective Jan. 1, 1966; amended May 1, 1975; amended May 1, 1984; revoked March 21, 1997.)

**Article 40.—PHYSICAL THERAPY—  
TEMPORARY PERMIT RENEWAL FEE**

**100-40-1.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; amended Jan. 1, 1973; revoked May 1, 1975.)

**100-40-2.** (Authorized by and implementing K.S.A. 65-2911; effective Jan. 1, 1973; amended May 1, 1975; amended May 1, 1987; revoked March 21, 1997.)

**Article 41.—LIST OF REGISTERED  
PHYSICAL THERAPISTS**

**100-41-1.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; amended May 1, 1975; amended May 1, 1979; revoked May 1, 1984.)

**Article 42.—PHYSICAL THERAPY—  
REVOCATION OR SUSPENSION OF  
CERTIFICATION (PHYSICAL  
THERAPISTS)**

**100-42-1.** (Authorized by K.S.A. 65-2911; implementing K.S.A. 65-2912; effective Jan. 1, 1966; amended May 1, 1975; amended May 1, 1979; amended May 1, 1984; revoked May 1, 1988.)

**100-42-2.** (Authorized by K.S.A. 65-2911, as amended by L. 1987, Ch. 240, Sec. 18; implementing K.S.A. 1986 Supp. 65-2912; effective Jan. 1, 1966; amended May 1, 1975; amended May 1, 1979; modified, L. 1983, Ch. 355; amended May 1, 1984; amended May 1, 1988; revoked March 21, 1997.)

**100-42-3.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1975.)

**Article 43.—PROFESSIONAL SIGNS  
AND LETTERHEADS**

**100-43-1.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked, L. 1983, ch. 355; revoked May 1, 1984.)

**Article 44.—AMENDMENTS TO RULES  
(PHYSICAL THERAPISTS)**

**100-44-1.** (Authorized by K.S.A. 65-2911; effective Jan. 1, 1966; revoked May 1, 1979.)

**Article 45.—APPROVED SCHOOLS OF  
PHYSICAL THERAPY ASSISTANTS**

**100-45-1.** (Authorized by K.S.A. 65-2911; effective May 1, 1975; revoked May 1, 1984.)

**Article 46.—PHYSICAL THERAPY—  
EXTENSION OF REGISTRATION;  
ASSISTANTS**

**100-46-1.** (Authorized by and implementing K.S.A. 1983 Supp. 65-2911; effective May 1, 1975; amended May 1, 1984; revoked March 21, 1997.)

**100-46-2.** (Authorized by K.S.A. 1983 Supp. 65-2911; implementing K.S.A. 1983 Supp. 65-2906; effective May 1, 1975; amended May 1, 1984; revoked March 21, 1997.)

**100-46-3.** (Authorized by K.S.A. 65-2911; implementing K.S.A. 65-2906; effective May 1, 1975; amended May 1, 1984; amended June 20, 1994; revoked March 21, 1997.)

**100-46-4.** (Authorized by K.S.A. 65-2906; effective May 1, 1978; amended May 1, 1979; revoked May 1, 1984.)

**100-46-5.** (Authorized by and implementing K.S.A. 65-2910 and K.S.A. 65-2911; effective May 1, 1987; amended May 1, 1988; amended Feb. 4, 1991; amended June 20, 1994; revoked March 21, 1997.)

**100-46-6.** (Authorized by and implementing K.S.A. 65-2910; effective June 14, 1993; revoked March 21, 1997.)

**Article 47.—PHYSICAL THERAPY—  
REGISTRATION RENEWAL;  
CONTINUING EDUCATION**

**100-47-1.** (Authorized by K.S.A. 65-2911; implementing K.S.A. 65-2910; effective May 1,

1978; amended May 1, 1980; amended May 1, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended Feb. 4, 1991; amended June 14, 1993; revoked March 21, 1997.)

**Article 48.—PODIATRY**

**100-48-1 to 100-48-13.** (Authorized by K.S.A. 74-2801 *et seq.*; effective Jan. 1, 1966; revoked May 1, 1980.)

**Article 49.—PODIATRY****100-49-1. Approved schools of podiatry.**

A school of podiatry shall be deemed by the board to be in good standing if it meets the provisions of CPME 120, “standards and requirements for accrediting colleges of podiatric medicine,” revised November 1997 by the council on podiatric medical education and hereby adopted by reference. (Authorized by K.S.A. 65-2013; implementing K.S.A. 65-2003; effective May 1, 1980; amended Jan. 10, 2003.)

**100-49-2. Licensure by examination.** (a)

Each applicant for licensure by examination shall submit the following materials not later than 30 days prior to the date of examination:

(1) A completed written application on a form prescribed by the board. The application shall include the full name and address of the applicant;

(2) A photograph of the applicant. The photograph shall measure three by four inches and shall be signed across the front by the applicant with the signature of the photographer, the address of the photographer, and the date when the photograph was taken on the back of the photograph. A statement that the photograph is a true picture of the applicant taken within 90 days prior to the date of application shall also be placed on the back of the photograph;

(3) An affidavit from an approved college of podiatry stating the dates of attendance at the college, and the date of graduation, over the seal of the college;

(4) A certified copy of the podiatry college diploma;

(5) A transcript from the podiatry school;

(6) A written oath of applicant that all statements are strictly true in every respect; and

(7) The appropriate fee.

(b) All examinations shall be given in the English language only.

(c) A second re-examination shall require the full payment of the examination fee. (Authorized by K.S.A. 65-2013; implementing K.S.A. 65-2004, K.S.A. 1983 Supp. 65-2003; effective May 1, 1980; amended May 1, 1984.)

**100-49-3. Licensure by endorsement.**

(a) Each applicant for licensure by endorsement shall submit the following materials not later than 30 days preceding the June or the December meeting of the board:

(1) A completed written application, on a form prescribed by the board. The application shall include the full name and address of the applicant;

(2) A photograph of the applicant. The photograph shall measure three by four inches and shall be signed across the front by the applicant. The name of the photographer, the address of the photographer, the date when the photograph was taken and a statement that the photograph is a true picture of the applicant taken within 90 days of the application shall be placed on the back of the photograph;

(3) An affidavit from an approved college of podiatry stating the dates of attendance at the college, and the date of graduation, over the seal of the college;

(4) A certified copy of the podiatry college diploma;

(5) A transcript from the podiatry school;

(6) A written oath of applicant that all statements are strictly true in every respect; and

(7) The appropriate fee.

(b) A certificate of endorsements from another state or country shall include grades in subjects required by K.S.A. 65-2004, as certified by a board of examiners of that state or country. (Authorized by K.S.A. 65-2013; implementing K.S.A. 65-2004, K.S.A. 1983 Supp. 65-2003; effective May 1, 1980; amended May 1, 1984.)

**100-49-4. Fees.** The following fees shall be collected by the board:

(a) Application for license .....	\$300.00
(b) Examination .....	\$450.00
(c) (1) Annual renewal of active or federally active license:	
(A) Paper renewal .....	\$270.00
(B) On-line renewal .....	\$261.00
(2) Annual renewal of inactive license:	
(A) Paper renewal .....	\$150.00
(B) On-line renewal .....	\$144.00
(3) Annual renewal of exempt license:	
(A) Paper renewal .....	\$150.00

(B) On-line renewal ..... \$144.00

(d) (1) Conversion from exempt to active license .....

(2) Conversion from inactive to active license .....

(e) (1) Late renewal of active or federally active license:

(A) Paper late renewal .....

(B) On-line late renewal .....

(2) Late renewal of inactive license:

(A) Paper late renewal .....

(B) On-line late renewal .....

(3) Late renewal of exempt license:

(A) Paper late renewal .....

(B) On-line late renewal .....

(f) Temporary license .....

(g) Duplicate license .....

(h) Temporary permit .....

(i) Certified statement of license .....

(j) Postgraduate permit .....

(k) Reinstatement of revoked

license .....

(l) Reinstatement of canceled

license .....

(Authorized by K.S.A. 2006 Supp. 65-2012 and K.S.A. 65-2013; implementing K.S.A. 2006 Supp. 65-2012; effective May 1, 1980; amended May 1, 1981; amended May 1, 1983; amended May 1, 1984; amended May 1, 1987; amended April 24, 1989; amended Aug. 21, 1989; amended, T-100-12-28-89, Dec. 28, 1989; amended April 9, 1990; amended Dec. 27, 1993; amended May 1, 1998; amended Aug. 4, 2000; amended, T-100-6-27-02, Aug. 1, 2002; amended Nov. 15, 2002; amended Aug. 13, 2004; amended Aug. 17, 2007.)

**100-49-5. Expiration of license.** Each license to practice podiatry issued by the board shall expire on September 30 of each year. (Authorized by and implementing K.S.A. 65-2005; effective, T-100-7-1-92, July 1, 1992; effective Aug. 17, 1992; amended Aug. 1, 1997.)

**100-49-6. Education requirements.** (a) Each applicant for a license to practice podiatry shall provide proof of successful completion of a minimum of one year in an approved podiatric residency program. An approved podiatric residency program shall be a program that meets the requirements of or is substantially equivalent to CPME 320, "standards, requirements and guidelines for approval of residencies in podiatric medicine," approved by the council on podiatric medicine.

ical education, effective July 1, 2002, and hereby adopted by reference.

(b) Each applicant who does not meet the requirements of subsection (a) shall be deemed to have completed acceptable postgraduate training if the applicant meets one of the following:

(1) The applicant has been in the continuous practice of podiatry for a minimum of 10 years before the date of submission of the application.

(2) The applicant is currently certified by a specialty board meeting the requirements of CPME 220, "criteria and guidelines for recognition of a specialty board for podiatric medical practice," effective January 1, 2001, approved by the council on podiatric medical education, and hereby adopted by reference. (Authorized by K.S.A. 65-2013; implementing K.S.A. 65-2003; effective Jan. 10, 2003.)

**100-49-7. Examinations.** (a) Each applicant for licensure as a podiatrist shall submit proof of having passed a nationally administered, standardized examination that is approved by the board and consists of written questions assessing knowledge on subject matter from the following content areas:

(1) Medicine, including podiatric and non-podiatric dermatology, podiatric vascular medicine, podiatric neurology, immunology, emergency medicine, cardiovascular medicine, neurology, respiratory medicine, metabolic and endocrine medicine, hematology, behavioral medicine, and rheumatology;

(2) orthopedics, biomechanics, and sports medicine;

(3) surgery, general anesthesia, regional anesthesia, intravenous sedation, and hospital protocol; and

(4) radiology.

(b) In order to qualify as board-approved, part III of PMLexis, as administered by the national board of podiatric medical examiners, shall meet the standards for an examination established by the board in this regulation.

(c) To pass the approved examination, each applicant for licensure shall obtain a criterion-referenced score of at least 75.

(d) Each applicant for licensure by endorsement shall show proof of successful completion of any examinations that met the Kansas requirements for licensure by examination at the time the applicant completed the examinations. (Author-

ized by K.S.A. 65-2013; implementing K.S.A. 65-2003 and K.S.A. 65-2004; effective Jan. 10, 2003.)

**100-49-8. Continuing education.** (a) Every three years, each podiatrist shall submit, before or with the application for renewal, evidence of having completed a minimum of 54 hours of continuing education during the preceding three-year period.

(b) Any podiatrist who suffered an illness or injury that made it impossible or extremely difficult to reasonably obtain the required hours may be granted an extension of not more than six months.

(c) Continuing education shall be acquired from any of the following:

(1) Courses offered by sponsors of continuing education in podiatric medicine and meeting the requirements of CPME 720, "standards, requirements, and guidelines for approval of sponsors of continuing education in podiatric medicine," revised May 1999 by the council on podiatric medical education and hereby adopted by reference;

(2) courses and instructional media approved for category I by the American medical association;

(3) courses and instructional media approved for category I by the American osteopathic association; or

(4) other courses approved by the board.

(d) Each applicant desiring to reinstate a license that has been canceled for failure to renew and each exempt licensee desiring to apply for a license to regularly engage in the practice of podiatry shall submit proof of continuing education to the board as follows:

(1) If the time since the license was canceled or exempt has been one year or less, no continuing education in addition to that which would have been necessary had the license been renewed before cancellation or not exempt shall be required.

(2) If the time since the license was canceled or exempt has been more than one year, the applicant shall complete a program of continuing education recommended by the board.

(e) If, since the date the license was canceled or exempt, the applicant has been in active practice as a podiatrist in another state or jurisdiction, the applicant shall submit proof of the current license and proof of compliance with the continuing education requirements of that jurisdiction.

(f) Each applicant seeking reinstatement of a revoked license shall successfully complete an individually tailored program approved by the



board. (Authorized by K.S.A. 65-2013; implementing K.S.A. 65-2010; effective Jan. 10, 2003.)

**100-49-9. Additional requirements.** In addition to meeting the requirements of this article, each podiatrist shall also meet the requirements of each of the following:

- (a) K.A.R. 100-10a-1;
- (b) K.A.R. 100-10a-2;
- (c) K.A.R. 100-10a-3;
- (d) K.A.R. 100-10a-4;
- (e) K.A.R. 100-10a-6;
- (f) K.A.R. 100-21-1;
- (g) K.A.R. 100-21-2;
- (h) K.A.R. 100-21-3;
- (i) K.A.R. 100-21-4;
- (j) K.A.R. 100-21-5;
- (k) K.A.R. 100-22-1;
- (l) K.A.R. 100-22-2;
- (m) K.A.R. 100-22-3;
- (n) K.A.R. 100-24-1;
- (o) K.A.R. 100-24-2;
- (p) K.A.R. 100-24-3; and
- (q) K.A.R. 100-26-1. (Authorized by K.S.A. 65-2013; implementing K.S.A. 2001 Supp. 65-2002, K.S.A. 65-2005, K.S.A. 2001 Supp. 65-2006; effective Jan. 10, 2003.)

**100-49-10. Definition of human foot.** As utilized in the podiatry act, K.S.A. 65-2001 through 65-2013 and amendments thereto, “human foot” shall mean that part of the human anatomy that consists of the tarsus, metatarsus, phalanges, cartilage, muscles, tendons, ligaments, skin, vasculature, and the other tissues distal to and including the articulating cartilaginous surfaces of the ankle joint. (Authorized by K.S.A. 65-2013; implementing K.S.A. 65-2001, K.S.A. 65-2002, K.S.A. 65-2004, and K.S.A. 2006 Supp. 65-2005; effective Sept. 14, 2007.)

## Articles 50 to 53.—RESERVED

### Article 54.—OCCUPATIONAL THERAPY

**100-54-1. Application.** (a) Each applicant for licensure as an occupational therapist or occupational therapy assistant shall submit the application on a form provided by the board. The form shall include the following information in plain, legible writing:

- (1) The applicant’s full name;
- (2) the applicant’s social security number or individual tax identification number;

(3) the applicant’s mailing address. If the applicant’s mailing address is different from the applicant’s residential address, the applicant shall also provide the residential address;

(4) the applicant’s home and business telephone numbers;

(5) the applicant’s date and place of birth;

(6) the name of an educational program recognized under K.A.R. 100-54-2 from which the applicant graduated, the degree awarded to the applicant, and the date of graduation;

(7) employment information for the five years before the date of application;

(8) information regarding licenses, registrations, or certifications issued to the applicant to practice as an occupational therapist or occupational therapy assistant;

(9) information regarding any prior acts that could constitute grounds for denial of the application;

(10) a notarized release authorizing the board to receive any relevant information, files, or records requested by the board in connection with the application; and

(11) information on whether the applicant is currently certified or registered by an occupational therapy national organization.

(b) Each applicant shall submit the following with the application:

(1) The fee required by K.A.R. 100-54-4;

(2) an official transcript from an educational program recognized by the board under K.A.R. 100-54-2 and a notarized copy of a diploma from a recognized educational program;

(3) a verification on a form provided by the board of each license, registration, or certification issued to the applicant by any state or the District of Columbia relating to occupational therapy;

(4) a current photograph of the applicant taken within 90 days of the date the application is received by the board; and

(5) the results of a written examination recognized and approved by the board under K.A.R. 100-54-3, which shall be provided directly to the board from the testing entity.

(c) The applicant shall sign the application under oath.

(d) Any applicant who cannot provide the documents required by paragraph (b)(2) may arrange for a certificate to be provided directly to the board by a recognized educational program showing the program that the applicant attended, the

dates of attendance, the degree obtained, and the date of graduation.

(e) The occupational therapist council shall consider every application from persons who have neither been engaged in an educational program recognized by the board nor engaged in the practice of occupational therapy during the five years preceding the date of the application. The council shall then make its recommendation to the board. (Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5404, K.S.A. 65-5406, and K.S.A. 2004 Supp. 65-5410; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999; amended Sept. 23, 2005.)

**100-54-2. Education requirements.** (a) An educational program for licensure as an occupational therapist shall be recognized by the board if the program meets the “standards for an accredited educational program for the occupational therapist,” adopted December 1998 by the accreditation council for occupational therapy education and hereby adopted by reference.

(b) An educational program for licensure as an occupational therapy assistant shall be recognized by the board if the program meets the “standards for an accredited educational program for the occupational therapy assistant,” adopted December 1998 by the accreditation council for occupational therapy education and hereby adopted by reference. (Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5406; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999; amended Nov. 21, 2003.)

**100-54-3. Examinations.** (a) Each applicant for licensure as an occupational therapist or occupational therapy assistant shall submit proof of having passed a nationally administered, standardized examination. This examination shall be one that is approved by the board and consists of written questions from the following content areas of occupational therapy:

- (1) Human development and performance;
- (2) principles and strategies in the identification and evaluation of strengths and needs;
- (3) principles and strategies in intervention and treatment planning;
- (4) principles and strategies in intervention;
- (5) the nature of the occupation and occupational performance;
- (6) service management; and
- (7) the individual’s responsibilities as a professional.

(b) In order to qualify as board-approved, the entry-level certification examination for an occupational therapist administered by the national board for certification in occupational therapy, inc. shall meet the standards for an examination established by the board in subsection (a).

(c) In order to qualify as board-approved, the entry-level certification examination for an occupational therapy assistant administered by the national board for certification in occupational therapy, inc. shall meet the standards for an examination established by the board in subsection (a).

(d) To qualify for a license, each applicant for a license as an occupational therapist and occupational therapy assistant shall obtain a minimum criterion-scaled score of 450 on the required examination. (Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5407; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999; amended Nov. 21, 2003.)

**100-54-4. Fees.** The following fees shall be collected by the board:

- |                                     |         |
|-------------------------------------|---------|
| (a) Application for license .....   | \$80.00 |
| (b) License renewal:                |         |
| (1) Paper renewal .....             | \$75.00 |
| (2) On-line renewal .....           | \$72.00 |
| (c) License late renewal:           |         |
| (1) Paper late renewal .....        | \$80.00 |
| (2) On-line late renewal .....      | \$77.00 |
| (d) License reinstatement .....     | \$80.00 |
| (e) Certified copy of license ..... | \$15.00 |
| (f) Temporary license .....         | \$25.00 |

(Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5409; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended, T-100-10-17-89, Oct. 17, 1989; amended Feb. 5, 1990; amended May 1, 1998; amended Sept. 29, 2000; amended Jan. 10, 2003; amended Nov. 21, 2003; amended, T-100-3-19-04, March 19, 2004; amended July 23, 2004; amended March 7, 2008.)

**100-54-5. Unprofessional conduct; defined.** “Unprofessional conduct” means any of the following: (a) Using fraudulent or false advertisements;

(b) engaging in occupational therapy under a false or assumed name, or by impersonating another person licensed by the board as an occupational therapist or occupational therapy assistant;

(c) practicing occupational therapy without

reasonable skill and safety because of illness; disability, excessive use of alcohol or drugs; illegal use of controlled substances, chemicals, or any other type of material; or as a result of any mental or physical condition;

(d) having an occupational therapy license, registration, or certification revoked, suspended, or limited, or an application for any of these denied by the proper regulatory authority of another state, territory, District of Columbia, or other country;

(e) cheating or attempting to subvert the validity of the examination required for licensure;

(f) having been found either not guilty by reason of insanity or incompetent to stand trial by a court of competent jurisdiction;

(g) failing to furnish the board, its investigators, or its representatives any information legally requested by the board;

(h) being sanctioned or disciplined by a peer review committee or medical care facility for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a license under K.S.A. 65-5410 and amendments thereto;

(i) surrendering a license, registration, or certification to practice occupational therapy in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a registration under K.S.A. 65-5410 and amendments thereto;

(j) being professionally incompetent, as defined in K.S.A. 65-2837 and amendments thereto;

(k) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;

(l) providing occupational therapy to a patient without the consent of the patient or the patient's legal representative;

(m) willfully betraying confidential information;

(n) using any advertisement that is false, misleading, or deceptive in a material respect;

(o) committing conduct likely to deceive, defraud, or harm the public;

(p) making a false or misleading statement regarding the licensee's skill, which shall include providing any form of occupational therapy without appropriate education, training, and knowledge in the specific therapeutic methods used;

(q) committing any act of sexual, psychological, or physical abuse, or exploitation;

(r) obtaining any fee by fraud, deceit, or misrepresentation;

(s) charging an excessive fee for services rendered;

(t) failing to keep written records justifying the course of treatment of the patient; or

(u) delegating occupational therapy to a person who the licensee knows or has reason to know is not qualified by training or experience to perform it. (Authorized by K.S.A. 65-5405 and 65-5410; implementing K.S.A. 65-5410; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999; amended Nov. 21, 2003.)

**100-54-6. License; temporary license; renewal; late renewal.** (a) Each license issued by the board shall expire on March 31 of each year.

(b) A temporary license shall be issued by the board to each applicant for licensure who meets the requirements for licensure or the requirements for licensure except examination, pays the temporary license fee, and has not been guilty of unprofessional conduct.

(c) The license specified in subsection (a) may be renewed annually. Each request for renewal shall be submitted on a form provided by the board and shall be accompanied by the following:

(1) The prescribed license renewal fee; and

(2) proof of satisfactory completion of a program of continuing education as required by the board.

(d) Each license not renewed by March 31 shall expire. Any expired license may be renewed within 30 days of expiration, upon request of the licensee. Each request for late renewal shall be submitted on the same form as that for a request for renewal and shall be accompanied by the following:

(1) The prescribed license renewal fee and the late renewal fee; and

(2) proof of satisfactory completion of a program of continuing education as required by the board. (Authorized by K.S.A. 65-5405; implementing K.S.A. 2004 Supp. 65-5412; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Dec. 27, 1993; amended Jan. 15, 1999; amended Nov. 21, 2003; amended Sept. 23, 2005.)

**100-54-7. Continuing education; license renewal.** (a) (1) Each licensee shall submit evidence of completing a minimum of 40 contact hours of continuing education during the preceding 24 months. Evidence of this attainment shall

be submitted before or with the application for renewal in each odd-numbered year.

(2) No evidence of continuing education shall be required for license renewal in even-numbered years.

(b) A licensee initially licensed within one year of a renewal date when evidence of continuing education must be submitted shall not be required to submit evidence of satisfactory completion of a program of continuing education required by paragraph (a)(1) for that first renewal period. Each licensee who was initially licensed or whose license has been reinstated for more than one year but fewer than two years from a renewal date when continuing education required by paragraph (a)(1) must be submitted shall be required to submit evidence of satisfactory completion of at least 20 contact hours of continuing education.

(c) Any licensee who cannot meet the requirements of paragraph (a)(1) or subsection (b) may request an extension from the board. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension of not more than six months may be granted by the board for good cause shown.

(d) A contact hour shall consist of 60 minutes of instruction.

(e) The content of the continuing education classes or literature shall be related to the field of occupational therapy or similar areas.

(f) Each licensee shall acquire continuing education from the classes of education experiences defined in subsection (g). The licensee shall acquire a minimum of 30 contact hours from class I, class IV, or class V. A maximum of 20 contact hours may be acquired from class I as defined in paragraph (g)(1)(G). A maximum of eight contact hours may be acquired from class II. A maximum of two contact hours may be acquired from class III. A maximum of 30 contact hours may be acquired from class V. A maximum of 10 contact hours may be acquired from class VI.

(g) Continuing education experiences shall be classified as follows.

(1) Class I: attendance at or participation in an education presentation. Class I continuing education experiences shall include the following types of education offerings.

(A) Lectures. A "lecture" means a discourse given for instruction before an audience or through a teleconference.

(B) Panels. A "panel" means the presentation

of a number of views by several professional individuals on a given subject, with none of the views considered a final solution.

(C) Workshops. A "workshop" means a series of meetings designed for intensive study, work, or discussion in a specific field of interest.

(D) Seminars. A "seminar" means directed advanced study or discussion in a specific field of interest.

(E) Symposiums. A "symposium" means a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and presented by various speakers.

(F) College or university courses. Ten contact hours shall be given for each college credit hour with a grade of at least "C" or a "pass" in a pass/fail course.

(G) Other courses. An "other course" means a home study, correspondence, or internet course for which the provider of the activity evaluates the licensee's knowledge of the subject matter presented in the continuing education activity.

(2) Class II: in-service training. A maximum of four contact hours may be given for attending in-service training. A maximum of four contact hours may be given for instructing the in-service training, but no additional hours shall be acquired for attending that particular in-service training.

(3) Class III: professional reading. A maximum of two contact hours may be given for reading professional literature, whether printed or provided by audiotapes, videotapes, or electronic media.

(4) Class IV: professional publication. The maximum number of contact hours that may be given for professional publication shall be as follows:

(A) 30 hours for publication of a book or original paper; and

(B) 15 hours for a review paper, case report, abstract, or book review.

(5) Class V: instructor preparation of class I programs. Each licensee who presents a class I continuing education program or its equivalent shall receive three class V contact hours for each hour of presentation. No credit shall be granted for any subsequent presentations on the same subject matter.

(6) Class VI: fieldwork supervision of level II students. Five contact hours may be given for supervising a level II student's full-time fieldwork for at least a six-week period or its equivalent. Ten contact hours may be given for supervising field-



work for at least a 12-week period or its equivalent.

(h) Each licensee shall submit documented evidence of attendance at, participation in, or presentation to class I and class II continuing education activities. Each licensee shall submit personal verification for class III activities. Copies of publications shall be submitted for verification of class IV activities. Verification of class VI field-work supervision shall be submitted by the licensee's employer.

(i) Instructional staff shall be competent in the subject matter and in the methodology of instruction and learning processes as evidenced by experience, education, or publication. (Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5412; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Feb. 14, 1997; amended Nov. 21, 2003; amended July 6, 2007.)

**100-54-8. Continuing education; expired, canceled, and revoked licenses.** (a) If the license has expired but has not been canceled, no continuing education shall be required in addition to the continuing education that would have been necessary if the license had been renewed before its expiration.

(b) Each applicant who wishes to reinstate a license that has been canceled shall submit proof of continuing education as follows:

(1) If the applicant has continuously held an active license in another state or the District of Columbia since the date on which the Kansas license was canceled, the applicant shall submit proof of the applicant's current license, registration, or certification from that jurisdiction.

(2) If the time since the license was canceled has been one year or less, no continuing education in addition to the continuing education that would have been necessary if the license had been renewed before cancellation shall be required.

(3) If the time since the license was canceled has been more than one year but fewer than two years, the applicant shall complete a minimum of 20 contact hours.

(4) If the time since the license was canceled has been at least two years but fewer than three years, the applicant shall complete 40 contact hours.

(5) If the time since the license was canceled has been at least three years, the applicant shall complete an educational program related to continued competency approved by the board.

(c) An occupational therapist or an occupational therapy assistant whose license has been reinstated within one year of a renewal date when evidence of continuing education must be submitted shall not be required to submit evidence of satisfactory completion of a program of continuing education for that first renewal period. Each licensee whose license has been reinstated for more than one year but fewer than two years from a renewal date when continuing education must be submitted shall be required to submit evidence of satisfactory completion of at least 20 contact hours of continuing education.

(d) Each applicant seeking reinstatement of a revoked license shall be required to successfully complete a program approved by the board. (Authorized by K.S.A. 65-5405; implementing K.S.A. 2006 Supp. 65-5412; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999; amended Nov. 21, 2003; amended Sept. 23, 2005; amended July 6, 2007.)

**100-54-9. Occupational therapy assistants; information to board.** Before an occupational therapist allows an occupational therapy assistant to work under the occupational therapist's direction, the occupational therapist shall inform the board of the following:

(a) The name of each occupational therapy assistant who intends to work under the direction of that occupational therapist;

(b) the occupational therapy assistant's place of employment; and

(c) the address of the employer. (Authorized by K.S.A. 65-5405 and implementing K.S.A. 65-5406; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999.)

**100-54-10. Delegation and supervision.**

(a) Occupational therapy procedures delegated by an occupational therapist or occupational therapy assistant to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall be performed under the direct, on-site supervision of a licensed occupational therapist or occupational therapy assistant.

(b)(1) "Occupational therapy technician" as used in this regulation, shall mean "occupational therapy tech" pursuant to K.S.A. 65-5419 and amendments thereto.

(2) An occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall mean an individual who pro-

vides support services to the occupational therapist and occupational therapy assistant.

(c) A task delegated to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional by an occupational therapist or occupational therapy assistant shall not exceed the level of training, knowledge, skill, and competence of the individual being supervised. The occupational therapist or occupational therapy assistant shall be responsible for the acts or actions performed by the occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional functioning in a practice setting.

(d) Each occupational therapist and each occupational therapy assistant shall delegate only specific tasks to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional that meet all of the following conditions:

- (1) The tasks are routine in nature.
- (2) The treatment outcome is predictable.
- (3) The task does not require judgment, interpretation, or adaptation by the occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional.

(e) The tasks that an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional may perform shall include the following specifically selected routine tasks:

- (1) Clerical, secretarial, or administrative duties;
- (2) transportation of patients, clients, or students;
- (3) preparation or setup of the treatment equipment and work area;
- (4) attending to a patient's, client's, or student's needs during treatment; and
- (5) maintenance or restorative services to patients, clients, or students.

(f) Any occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional may assist in the delivery of occupational therapy services. However, no occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall provide independent treatment or use any title or description implying that the occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional is a provider of occupational therapy services.

(g) An occupational therapy aide, occupational

therapy technician, or occupational therapy paraprofessional shall not perform any of the following:

- (1) Interpret referrals or prescriptions for occupational therapy services;
- (2) evaluate treatment procedures;
- (3) develop, plan, adjust, or modify treatment procedures;
- (4) act on behalf of the occupational therapist or occupational therapy assistant relating to direct patient care that requires judgment or decision making; and
- (5) act independently or without the supervision of an occupational therapist or occupational therapy assistant. (Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5419; effective Sept. 23, 2005.)

**100-54-11. Occupational therapists; ownership of corporation or company.** (a) Licensed occupational therapists shall not hold more than 49 percent of the total number of shares issued by a professional corporation that is organized to render the professional services of a physician, surgeon or doctor of medicine, osteopathic physician or surgeon, podiatrist, dentist, or optometrist.

(b) Licensed occupational therapists shall not contribute more than 49 percent of the total amount of capital to a professional liability company that is organized to render the professional services of a physician, surgeon or doctor of medicine, osteopathic physician or surgeon, podiatrist, dentist, or optometrist.

(c) This regulation shall be effective on and after January 1, 2006. (Authorized by K.S.A. 17-2716 and K.S.A. 2004 Supp. 65-5421; implementing K.S.A. 2004 Supp. 65-5421; effective Jan. 1, 2006.)

## **Article 55.—RESPIRATORY THERAPY**

**100-55-1. Application.** (a) Each applicant for a license to practice respiratory therapy shall submit the application on a form provided by the board. The form shall contain the following information:

- (1) The applicant's full name;
- (2) the applicant's residence and mailing address;
- (3) employment information for the five years immediately before the date of application;
- (4) information on any licenses, registrations, or certifications issued to the applicant to practice respiratory therapy; and

(5) information on any prior acts constituting unprofessional conduct, as defined in K.A.R. 100-55-5.

(b) Each applicant shall submit the following with the application:

- (1) The fee required by K.A.R. 100-55-4;
- (2) an official transcript from an educational program approved by the board under K.A.R. 100-55-2;
- (3) a notarized copy of a diploma from an approved educational program;
- (4) a photograph of the applicant; and
- (5) evidence provided directly to the board from the testing entity of the results of a written examination required and approved by the board under K.A.R. 100-55-3.

(c) The applicant shall sign the application, under oath. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5506; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

**100-55-2. Education requirements.** A list of approved educational programs in respiratory therapy shall be maintained by the board. In determining whether an educational program should be approved, accreditation by the committee on accreditation for respiratory care or its predecessor at the time of applicant's graduation may be considered by the board. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5506; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

**100-55-3. Examinations.** (a) The examinations approved by the board to practice respiratory therapy, one of which shall be required for each applicant, shall be the following:

- (1) The examination developed by the national board for respiratory care for credentialing as a certified respiratory therapist; and
  - (2) the examination developed by the national board for respiratory care for credentialing as a registered respiratory therapist.
- (b) To pass the required and approved examination, each applicant shall achieve the minimum qualifying score established by the national board for respiratory care for certification or registration.

(c) Each applicant who has passed the required examination for a license and has not been in the active practice of respiratory therapy for more

than one year, but less than five years shall provide one of the following:

- (1) Evidence of completion of a minimum of 24 contact hours of continuing education; or
  - (2) proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted.
- (d) Each applicant who has passed the required examination for a license and has not been in the active practice of respiratory therapy for five years or more shall provide proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5507; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

**100-55-4. Fees.** The following fees shall be collected by the board:

(a) Application for a license .....	\$80.00
(b) License renewal:	
(1) Paper renewal .....	\$75.00
(2) On-line renewal .....	\$72.00
(c) License late renewal:	
(1) Paper late renewal .....	\$80.00
(2) On-line late renewal .....	\$77.00
(d) License reinstatement .....	\$80.00
(e) Certified copy of license .....	\$15.00
(f) Special permit .....	\$15.00
(g) Temporary license .....	\$25.00

(Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5509; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended, T-100-10-17-89, Oct. 17, 1989; amended Feb. 5, 1990; amended Jan. 3, 1997; amended May 1, 1998; amended June 30, 2000; amended Sept. 29, 2000; amended Jan. 10, 2003; amended, T-100-3-19-04, March 19, 2004; amended July 23, 2004; amended March 7, 2008.)

**100-55-5. Unprofessional conduct; defined.** "Unprofessional conduct" means any of the following: (a) Using fraudulent or false advertisements;

- (b) being addicted to intoxicating liquors or drugs;
- (c) engaging in respiratory therapy under a false or assumed name or by impersonating another person licensed by the board as a respiratory therapist;
- (d) practicing respiratory therapy without rea-

sonable skill and safety because of any of the following:

(1) illness;  
(2) alcoholism;  
(3) excessive use of drugs, controlled substances, chemicals, or any other type of material;  
or

(4) a result of any mental or physical condition;  
(e) having a respiratory therapy license, registration, or certification revoked, suspended, or limited or an application for any of these denied by the proper regulatory authority of another state, territory, or country, or of District of Columbia;

(f) cheating or attempting to subvert the validity of the examination required for licensure;

(g) having been found to be mentally ill, disabled, not guilty by reason of insanity, or incompetent to stand trial by a court of competent jurisdiction;

(h) failing to furnish to the board, or to its investigators or representatives, any information legally requested by the board;

(i) being sanctioned or disciplined by a peer review committee or medical care facility for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a license under K.S.A. 65-5510 and amendments thereto;

(j) surrendering a license, registration, or certification to practice respiratory therapy in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a license under K.S.A. 65-5510 and amendments thereto;

(k) being professionally incompetent, as defined in K.S.A. 65-2837 and amendments thereto;

(l) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;

(m) providing respiratory therapy to a patient without the consent of the patient or the patient's legal representative;

(n) willfully betraying confidential information;

(o) advertising the ability to perform in a superior manner any professional service related to respiratory therapy;

(p) using any advertisement that is false, misleading, or deceptive in a material respect;

(q) committing conduct likely to deceive, defraud, or harm the public;

(r) making a false or misleading statement regarding the licensee's skill;

(s) committing any act of sexual abuse, misconduct, or exploitation;

(t) obtaining any fee by fraud, deceit, or misrepresentation;

(u) charging an excessive fee for services rendered;

(v) failing to keep written records justifying the course of treatment of the patient;

(w) delegating respiratory therapy to a person who the licensee knows or has reason to know is not qualified by training or experience to perform it;

(x) willfully supervising the holder of a special permit when the holder is not currently enrolled in a recognized program of education; or

(y) willfully allowing the holder of a special permit to perform tasks and procedures not verified by the respiratory therapy school on the holder's task proficiency list. (Authorized by and implementing K.S.A. 65-5510; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000; amended May 23, 2003.)

**100-55-6. Licensure; renewal; late renewal and reinstatement.** (a) Each license issued by the board shall expire on March 31 of each year.

(b) A license issued or reinstated from January 1 through March 31 shall expire on March 31 of the following year.

(c) Each license may be renewed annually. The request for renewal shall be on a form provided by the board and shall be accompanied by the following:

(1) The prescribed license renewal fee; and

(2) proof of satisfactory completion of a program of continuing education as required by the board.

(d) Licenses not renewed by March 31 may be renewed for a period of 30 days thereafter upon request of the licensee. The request for late renewal shall be on the same form as that required for renewal and shall be accompanied by the following:

(1) The prescribed license late renewal fee; and

(2) proof of satisfactory completion of a program of continuing education as required by the board.

(e) Any applicant may request reinstatement of



a license that has expired for a period of more than 30 days. The request for reinstatement shall be on a form provided by the board and shall be accompanied by the following:

(1) The prescribed license reinstatement fee; and

(2)(A) Proof of satisfactory completion of a program of continuing education as required by the board; or

(B) proof that the licensee has passed one of the examinations for a license required under K.A.R. 100-55-3 within the past six months. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5512; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Dec. 27, 1993; amended Jan. 3, 1997; amended June 30, 2000.)

**100-55-7. Continuing education; license renewal.** (a) On and after March 1, 2000, each licensee shall submit documented evidence of completion of a minimum of 12 contact hours of continuing education since April 1 of the previous year, before or with the request for renewal.

(b) Any licensee who suffered an illness or injury that made it impossible or extremely difficult to reasonably obtain the required contact hours may be granted an extension of not more than six months.

(c) A respiratory therapist initially licensed after September 30 shall be exempt from the continuing education required by subsection (a) for the first renewal period.

(d) A contact hour shall be 50 minutes of instruction or its equivalent.

(e) The purpose of continuing education shall be to provide evidence of continued competency in the advancing art and science of respiratory therapy. All program objectives, curricular content, presenter qualifications, and outcomes shall be subject to review. Contact hours shall be determined based on program content, outcomes, and participant involvement.

(f) Continuing education shall be acquired from the following:

(1) Seminars and symposiums. A seminar shall mean directed advanced study or discussion in a specific field of interest. A symposium shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers.

(2) Programs. A program shall mean a single

learning experience designed to enhance knowledge, skill, and attitudes related to respiratory therapy. A program shall consist of at least one contact hour. Learning activities in the work setting designed to assist the individual in fulfilling employer requirements, including in-service education and on-the-job training, shall not be eligible for continuing education credit.

(3) Nontraditional or alternative educational programs. A nontraditional or alternative educational program shall be defined as one that is not presented in the typical conference setting. Educational programs may be provided by any print medium or presented through the internet or other electronic medium such as video teleconferencing.

(4) Clinical instruction. Clinical instruction shall mean the education and evaluation of a respiratory therapy student in the clinical setting. A maximum of three hours may be given for clinical instruction.

(5) Program presentations. Any licensee who presents a continuing education program or its equivalent shall receive two contact hours for each hour of presentation. No credit shall be granted for any subsequent presentations on the same subject content.

(6) Voluntary recredentialing. Any licensee who completes voluntary recredentialing shall receive the number of contact hours approved by the American association for respiratory care. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5512; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

**100-55-8. Reinstatement; expired and revoked licenses.** (a) Each applicant desiring to reinstate a license that has been expired for more than 30 days shall submit proof of continuing education as follows:

(1) If the time since the license expired has been one year or less, no continuing education in addition to that which would have been necessary had the license been renewed before expiration shall be required.

(2) If, since the date the license expired, the applicant has been in the active practice of respiratory therapy in another state or jurisdiction that requires a license, registration, or certification to practice, the applicant shall submit proof of the current license, registration, or certifica-

tion, and compliance with the continuing education requirements of that jurisdiction.

(3) If the time since the license expired has been more than one year but less than five years, the applicant shall provide one of the following:

(A) Evidence of completion of a minimum of 24 contact hours of continuing education; or

(B) proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted.

(4) If the time since the license expired has been five years or more, the applicant shall provide proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted.

(b) Each applicant seeking reinstatement of a revoked license shall successfully complete an individually tailored program approved by the board. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5512; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

**100-55-9. Special permits.** (a) Each student who holds a special permit shall be identified as a student respiratory therapist or "student R.T." by a name tag that includes the student's job title.

(b) A special permit shall be valid for a period not to exceed 24 months and shall not be extended without additional proof that the student continues to be enrolled in an approved school of respiratory therapy.

(c) During October of each year, each student who holds a special permit shall provide the following to the board:

(1) Verification of current enrollment in an approved school of respiratory therapy; and

(2) a statement of the anticipated graduation date.

(d) Each special permit issued to a student who fails to meet the requirements under subsection (c) shall expire on November 1 of the year in which the verification and statement were to be provided.

(e) Each applicant for a special permit shall have a task proficiency list verified and submitted directly to the board by the school of respiratory therapy. The task proficiency list may be updated at the end of each session by the school of respiratory therapy. Each holder of a special permit shall perform only those tasks verified on the most

recent task proficiency list that has been submitted directly to the board.

(f) Before engaging in any clinical assignments, each holder of a special permit shall present the current task proficiency list to the employer.

(g) The licensed respiratory therapist responsible for the supervision of a student holding a special permit shall meet the requirements for supervision specified in K.A.R. 100-55-11(d). (Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5508; effective Jan. 3, 1997; amended June 30, 2000; amended May 23, 2003.)

**100-55-10.** (Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5508; effective Jan. 3, 1997; revoked May 1, 1998.)

**100-55-11. Delegation and supervision.**

(a) The delegation of respiratory therapy procedures by a licensed respiratory therapist to an unlicensed person may be made after the respiratory therapist has determined all of the following:

(1) The health status and mental and physical stability of the individual receiving care;

(2) the complexity of the procedures;

(3) the training and competence of the unlicensed person;

(4) the proximity and availability of the respiratory therapist when the procedures are performed;

(5) the degree of supervision required for the unlicensed person; and

(6) the length and number of times that the procedures may be performed.

(b) The procedures that may be delegated to an unlicensed person shall be only those that meet the following criteria:

(1) Would be determined by a reasonable and prudent respiratory therapist to be within the scope of accepted respiratory therapy standards or practice;

(2) can be performed properly and safely by an unlicensed person;

(3) do not require the unlicensed person to perform an assessment or to alter care;

(4) do not require the specific skills, evaluation, and judgment of a licensed respiratory therapist; and

(5) do not allow an unlicensed person to perform either of the following:

(A) Continue to perform the procedures on an ongoing basis; or

(B) perform the same procedures on other individuals without specific delegation.

(c) The licensed respiratory therapist shall be responsible for the following:

(1) The management and provision of care; and

(2) the performance of the procedures in compliance with established standards of practice, policies, and procedures.

(d) The supervision of an unlicensed person by a licensed respiratory therapist shall include all of the following:

(1) Providing clear directions for and expectations of how the procedures are to be performed;

(2) being available for communication with the unlicensed person when the procedures are performed;

(3) monitoring the performance of the procedures to assure compliance with established standards of practice, policies, and procedures;

(4) intervening, as necessary;

(5) ensuring that the unlicensed person makes appropriate documentation of the procedures that are performed;

(6) reassessing, reevaluating, and altering care, as necessary; and

(7) determining the appropriateness of continued delegation of the procedures. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5514; effective June 30, 2000.)

#### Article 56 to 59.—RESERVED

#### Article 60.—PHYSICIANS' ASSISTANTS

**100-60-1.** (Authorized by and implementing K.S.A. 1999 Supp. 65-2896; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; amended, T-100-10-17-89, Oct. 17, 1989; amended Feb. 5, 1990; amended May 1, 1998; amended Sept. 29, 2000; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-2.** (Authorized by K.S.A. 1978 Supp. 65-2896; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-3.** (Authorized by K.S.A. 1978 Supp. 65-2896; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; revoked Feb. 15, 1993.)

**100-60-4.** (Authorized by and implementing K.S.A. 1991 Supp. 65-2896, 65-2896a(a)(2); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; amended Feb. 15, 1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-5.** (Authorized by K.S.A. 1991 Supp. 65-2896; implementing K.S.A. 1991 Supp. 65-2896a; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; amended Feb. 15, 1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-6.** (Authorized by and implementing K.S.A. 1991 Supp. 65-2896a(c); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; amended Feb. 15, 1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-7.** (Authorized by K.S.A. 65-2896, 65-2896b(b); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; revoked May 1, 1988.)

**100-60-8.** (Authorized by and implementing K.S.A. 1991 Supp. 65-2896e; effective May 1, 1988; amended Feb. 15, 1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-9.** (Authorized by and implementing K.S.A. 65-2896a; effective May 1, 1988; amended Feb. 15, 1993; amended May 5, 2000; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-10.** (Authorized by and implementing K.S.A. 65-2896e, as amended by L. 1999, Ch. 115, Sec. 13, and K.S.A. 65-2897a; effective May 1, 1988; amended Feb. 15, 1993; amended May 5, 2000; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-11.** (Authorized by and implementing K.S.A. 1991 Supp. 65-2896e and 65-2897a; effective May 1, 1988; amended Feb. 15, 1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-12.** (Authorized by K.S.A. 1991 Supp. 65-2896; implementing K.S.A. 65-2896f; effective May 1, 1988; amended Feb. 15, 1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-13.** (Authorized by and implementing K.S.A. 65-2896e, as amended by L. 1999, Ch. 115, Sec. 13; effective May 1, 1988; amended Feb. 15, 1993; amended June 20, 1994; amended May 5, 2000; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-14.** (Authorized by and implementing K.S.A. 1991 Supp. 65-2896e and 65-2897a; effective May 1, 1988; amended Feb. 15,

1993; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

**100-60-15.** (Authorized by and implementing K.S.A. 1988 Supp. 65-2896, as amended by L. 1989, Ch. 197, Sec. 1; effective, T-100-10-17-89, Oct. 17, 1989; amended Feb. 5, 1990; revoked, T-100-2-13-01, Feb. 13, 2001; revoked June 1, 2001.)

#### Article 69.—ATHLETIC TRAINING

**100-69-1. Approved education.** Each applicant for licensure as an athletic trainer shall provide proof that the applicant has received a baccalaureate degree or post-baccalaureate degree with a major course of study in athletic training curriculum from one of the following:

(a) An institution whose program for athletic trainers is accredited by the commission on accreditation of athletic training education; or

(b) an educational institution whose programs are determined by the board to have standards at least equal to those of an accredited program. (Authorized by and implementing K.S.A. 2007 Supp. 65-6905 and K.S.A. 2007 Supp. 65-6907; effective July 19, 1996; amended Sept. 9, 2005; amended Nov. 21, 2008.)

**100-69-2.** (Authorized by and implementing K.S.A. 2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6907; effective July 19, 1996; amended Sept. 9, 2005; revoked Nov. 21, 2008.)

**100-69-3. Examination.** (a) Each applicant for licensure as an athletic trainer shall submit proof of having passed a nationally administered, standardized examination. This examination shall be one that is approved by the board and consists of written questions, written simulation questions, and practical section questions assessing knowledge on subject matter from the following domains of athletic training:

- (1) Prevention of athletic injuries;
- (2) recognition, evaluation, and assessment of athletic injuries;
- (3) immediate care of athletic injuries;
- (4) treatment of athletic injuries, rehabilitation, and reconditioning;
- (5) health care administration; and
- (6) professional development and responsibility.

(b) In order to qualify as board-approved, the entry-level certification examination administered by the national athletic trainers' association board

of certification, inc. shall meet the standards for an examination established by the board in this regulation. (Authorized by and implementing K.S.A. 2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6907; effective July 19, 1996; amended Nov. 15, 2002; amended Sept. 9, 2005.)

**100-69-4.** (Authorized by and implementing K.S.A. 1995 Supp. 65-6905 and K.S.A. 1995 Supp. 65-6906; effective July 19, 1996; revoked Sept. 9, 2005.)

**100-69-5. Fees.** The following fees shall be collected by the board:

- |                                     |         |
|-------------------------------------|---------|
| (a) Application for license .....   | \$80.00 |
| (b) Annual renewal of license:      |         |
| (1) Paper renewal .....             | \$70.00 |
| (2) On-line renewal .....           | \$67.00 |
| (c) Late renewal of license:        |         |
| (1) Paper late renewal .....        | \$5.00  |
| (2) On-line late renewal .....      | \$5.00  |
| (d) License reinstatement .....     | \$10.00 |
| (e) Certified copy of license ..... | \$15.00 |
| (f) Temporary permit .....          | \$25.00 |

(Authorized by K.S.A. 65-6905, as amended by L. 2004, Ch. 24, Sec. 5, and K.S.A. 65-6910, as amended by L. 2004, Ch. 24, Sec. 9; implementing K.S.A. 65-6909, as amended by L. 2004, Ch. 24, Sec. 8, and 65-6910, as amended by L. 2004, Ch. 24, Sec. 9; effective July 19, 1996; amended May 1, 1998; amended Sept. 29, 2000; amended Nov. 19, 2004.)

**100-69-6. Expiration of license.** The license of each athletic trainer shall expire on December 31 of each year. (Authorized by and implementing K.S.A. 2004 Supp. 65-6909; effective July 19, 1996; amended Sept. 9, 2005.)

**100-69-7. Unprofessional conduct; definition.** "Unprofessional conduct" means any of the following: (a) engaging in conduct resulting in a denial, revocation, suspension, or limitation of an athletic trainer license, registration, or certification by the proper regulatory authority of another state, a territory, the District of Columbia, or another country;

(b) failing to furnish to the board, its investigators, or its representatives any information legally requested by the board;

(c) surrendering a license, registration, or certification to practice as an athletic trainer in another state while under investigation for acts or conduct that would constitute grounds for any of



the following under K.S.A. 65-6911 and amendments thereto:

- (1) Denial;
- (2) suspension;
- (3) limitation;
- (4) reprimand; or
- (5) revocation;
- (d) providing services as an athletic trainer without the consent of at least one of the following:

- (1) The person on whom the services were performed;

- (2) a person licensed by the board to practice the healing arts; or

- (3) the legal representative of the person on whom the services were performed;

- (e) providing services as an athletic trainer without practice protocols or contrary to the practice protocols filed with the board;

- (f) practicing as an athletic trainer with a suspended license or in violation of any limitation placed on the license by the board; or

- (g) engaging in athletic training without reasonable skill and safety by reason of illness or any mental or physical condition. (Authorized by and implementing K.S.A. 2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6911; effective July 19, 1996; amended Sept. 9, 2005.)

**100-69-8.** (Authorized by and implementing K.S.A. 1995 Supp. 65-6905; effective July 19, 1996; revoked Sept. 9, 2005.)

**100-69-9. Practice protocols.** (a) As a condition of providing services as an athletic trainer in this state that constitute the practice of the healing arts, each athletic trainer licensed by the board shall file a practice protocol with the board on a form issued by the board.

(b) Each practice protocol shall contain the following information:

- (1) The name, license number, signature, and date of signature of any person licensed to practice the healing arts who will delegate to the athletic trainer any professional responsibilities that constitute the practice of the healing arts;

- (2) a description of the functions and procedures delegated to the athletic trainer that constitute the practice of the healing arts;

- (3) a statement from a person licensed to practice the healing arts specifying those acts that have been delegated to the athletic trainer in the absence or unavailability of the licensee; and

- (4) a statement that the board will be provided

with any changes or amendments to the practice protocol within 10 days after any changes or amendments have been made. (Authorized by and implementing K.S.A. 2004 Supp. 65-6905 and 65-6906; effective July 19, 1996; amended Nov. 15, 2002; amended Sept. 9, 2005.)

**100-69-10. License renewal; continuing education.**

(a) As a condition of renewal, each licensed athletic trainer shall submit, in addition to the annual application for renewal of licensure, evidence of satisfactory completion of a minimum of 20 hours of continuing education within the preceding year.

(b) Any licensee who suffered an illness or injury during the 12-month period before the expiration date of the license that made it impossible or extremely difficult to reasonably obtain the required continuing education hours may be granted an extension of not more than six months.

(c) Each athletic trainer initially licensed within one year of the expiration date of the license shall be exempt from the continuing education required by subsection (a) for that first renewal period.

(d) All continuing education shall be related to the field of athletic training and shall be presented by providers approved by the board.

(e) One hour shall be 60 minutes of instruction or the equivalent.

(f) All continuing education shall meet the requirements of subsection (g).

(g) The categories of continuing education experiences shall be the following:

(1) Category A. The number of hours for category A activities shall be granted upon receipt of documented evidence of attendance or satisfactory completion. Category A continuing education experiences shall include the following:

(A) Symposium. "Symposium" shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers.

(B) Seminar. "Seminar" shall mean directed advanced study or discussion in a specific field of interest.

(C) Workshop. "Workshop" shall mean a series of meetings designed for intensive study, work, or discussion in a specific field of interest.

(D) Conference. "Conference" shall mean a formal meeting of a number of people for a discussion in a specific field of interest.

(E) Home study course. "Home study course" shall mean a correspondence course designed for advanced study in a specific field of interest.

(2) Category B. Category B continuing education experiences shall include the following:

(A) Leadership activities. The number of hours granted for leadership activities shall be the following:

(i) 10 hours for a speaker at a clinical symposium where the primary audience is allied health care professionals;

(ii) five hours for a panelist at a clinical symposium where the primary audience is allied health care professionals;

(iii) 20 hours for participating in the United States olympic committee's two-week volunteer training center; and

(iv) five hours for serving as an examiner or patient model for an examination approved by the board for athletic trainers.

(B) Publication activities. The number of hours granted for writing a professional publication shall be the following:

(i) Five hours to author an article in a non-refereed journal;

(ii) 15 hours to author an article in a refereed journal;

(iii) 10 hours to coauthor an article in a refereed journal;

(iv) 40 hours to author a published textbook;

(v) 20 hours to coauthor a published textbook;

(vi) 10 hours for being a contributing author of a published textbook;

(vii) 10 hours to author a refereed or peer-reviewed poster presentation; and

(viii) five hours to coauthor a poster presentation.

(3) Category C. The number of hours assigned to category C continuing education experiences shall be the following:

(A) 10 hours for each credit hour for postcertification education; and

(B) classes in one of the six domains of athletic training:

(i) Prevention of athletic injuries;

(ii) recognition, evaluation, and assessment of athletic injuries;

(iii) treatment, rehabilitation, and reconditioning of athletic injuries;

(iv) health care administration;

(v) professional development and responsibility; and

(vi) immediate care of athletic injuries.

(4) Category D. Five hours shall be granted for satisfactory completion of CPR courses provided by the American red cross, American heart association, national safety council, and the international affiliates of each of these organizations.

(5) Category E. The number of hours granted upon receipt of documented evidence of satisfactory completion for category E continuing education experiences shall be the following:

(A) One hour shall be granted for each hour of attendance at continuing education program activities that are not approved by the board for category A or category B, but that are related to specific athletic training and sports medicine topics.

(B) One hour shall be granted for each hour of listening to continuing education program audiotapes or other multimedia products related to specific athletic training and sports medicine topics.

(h) Continuing education requirements shall be obtained by participation in two or more of the categories listed in subsection (g).

(i) No credit shall be granted for making any repeated presentations of the same subject matter.

(j) No credit shall be granted for reiteration of material or information obtained from attendance at a continuing education program.

(k) To provide evidence of satisfactory completion of continuing education, the following shall be submitted to the board:

(1) Documented evidence of attendance at category A and category E activities;

(2) proof of participation in category B activities, which shall include a copy of any professional publication or any presentation, or a certification of leadership activity;

(3) receipt and personal verification of self-instruction from home study courses;

(4) a copy of each transcript or grade report for category C activities;

(5) a copy of the CPR card or certificate for a category D course; and

(6) personal verification of listening to or viewing continuing education program videotapes, audiotapes, or other multimedia products. (Authorized by and implementing K.S.A. 2004 Supp. 65-6905; effective Jan. 9, 1998; amended Nov. 15, 2002; amended Sept. 9, 2005.)

**100-69-11. Reinstatement; canceled and revoked licenses.** (a) Each applicant desiring to reinstate a license that has been canceled

for failure to renew for more than 30 days shall submit proof of continuing education to the board as follows:

(1) If the time since the license was canceled has been one year or less, no continuing education in addition to that which would have been necessary had the license been renewed before cancellation shall be required.

(2) If the time since the license was canceled has been more than one year, but fewer than four years, the applicant shall provide one of the following:

(A) Evidence of completion of a minimum of 20 hours of continuing education credit hours for each year the applicant has not been in active practice;

(B) proof of completion of continuing education required by the national athletic trainers' association board of certification, inc., as evidenced by proof of active status certification; or

(C) proof that the applicant has passed the written simulation section of the examination required for a license within 12 months before the date the application was submitted.

(3) If the time since the license expired has been four years or more, the applicant shall provide one of the following:

(A) Proof of current active status certification by the national athletic trainers' association board of certification, inc.; or

(B) proof that the applicant has passed the examination required for a registration within 12 months before the date the application was submitted.

(4) If, since the date the license was canceled, the applicant has been in active practice as an athletic trainer in another state or jurisdiction that requires a license, registration, or certification to practice, the applicant shall submit proof of the current license, registration, or certification and proof of compliance with the continuing education requirements of that jurisdiction.

(b) Each applicant seeking reinstatement of a revoked license shall successfully complete an individually tailored program approved by the board. (Authorized by K.S.A. 2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6911; implementing K.S.A. 2004 Supp. 65-6909; effective Nov. 15, 2002; amended Sept. 9, 2005.)

#### Article 72.—NATUROPATHY

**100-72-1. Fees.** The following fees shall be collected by the board:

- (a) Application for registration .....\$130.00
- (b) registration renewal .....\$100.00
- (c) registration late renewal additional fee ..... \$15.00
- (d) registration reinstatement .....\$130.00
- (e) certified copy of registration ..... \$15.00
- (f) temporary registration ..... \$25.00
- (g) acupuncture certification ..... \$20.00

(Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7207; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003.)

**100-72-2. Application.** (a) Each individual who desires to register as a naturopathic doctor shall submit an application on a form provided by the board. The form shall contain the following information:

- (1) The applicant's full name;
- (2) the applicant's social security number;
- (3) the applicant's home address and current practice address, if any;
- (4) the applicant's date and place of birth;
- (5) the name of the professional school attended, degree received, and date of graduation;
- (6) the professional practice history since the date of graduation from a naturopathic program;
- (7) for each license, registration, or certification issued to the applicant to practice any health care profession, the following information:

- (A) The issue date;
- (B) the identifying number on the license, registration, or certification; and
- (C) the place of issuance, specifying the state, country, territory, or the District of Columbia; and
- (8) documentation of any prior acts constituting unprofessional conduct as defined in K.S.A. 65-7208, and amendments thereto, and K.A.R. 100-72-3.

(b)(1) Each applicant shall submit the following with the application:

- (A) The fee required by K.A.R. 100-72-1;
  - (B) an official transcript for the applicant from an educational program approved by the board, as specified in K.A.R. 100-72-4;
  - (C) a copy of the applicant's diploma from an approved educational program. The copy shall be certified by a notarial officer;
  - (D) a verification from each state or jurisdiction where the applicant has been issued any license, registration, or certification to practice any health care profession; and
  - (E) a photograph of the applicant.
- (2) In addition to meeting the requirements

specified in paragraph (1) of this subsection, each applicant shall have the results of the applicant's written examination, as specified in and required by K.A.R. 100-72-5, provided directly to the board by the testing entity.

(c) Each applicant shall sign the application. (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7203, 65-7204, and 65-7208; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003.)

**100-72-3. Unprofessional conduct: defined.** "Unprofessional conduct" means the commission of any of the following by an applicant or a registrant: (a) Unlawfully invading any branch of the healing arts by providing professional services that exceed the statutory definition of naturopathy, unless the professional services are provided under the supervision of or by order of a person who is licensed to practice the healing arts;

(b) identifying the professional services provided under authority of registration by the board as being other than naturopathy;

(c) providing professional services under a false or assumed name or by impersonating another person registered by the board as a naturopath;

(d) practicing as a naturopathic doctor without reasonable skill and safety because of any of the following:

(1) Illness;

(2) alcoholism;

(3) excessive use of drugs, controlled substances, chemicals, or any other type of material; or

(4) a result of any mental or physical condition;

(e) having a naturopathic license, registration, or certification revoked, suspended, or limited or having an application for any of these credentials denied by the proper regulatory authority of another state, territory, or country, or of the District of Columbia for conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a registration under K.S.A. 65-7208 and amendments thereto;

(f) cheating or attempting to subvert the validity of the examination required for registration;

(g) providing professional services within this state without maintaining a policy of professional liability insurance as required by K.S.A. 65-7217 and amendments thereto;

(h) failing to furnish to the board, or to its investigators or representatives, any information legally requested by the board;

(i) being sanctioned or disciplined by a review committee for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a registration under K.S.A. 65-7208 and amendments thereto;

(j) surrendering a license, registration, or certification to practice naturopathy in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a registration under K.S.A. 65-7208 and amendments thereto;

(k) more than one instance involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board;

(l) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;

(m) providing naturopathy to a patient without the consent of the patient or the patient's legal representative;

(n) willfully betraying confidential information;

(o) advertising the ability to perform in a superior manner any professional service related to naturopathy;

(p) using any advertisement that is false, misleading, or deceptive in a material respect;

(q) committing conduct likely to deceive, defraud, or harm the public;

(r) making a false or misleading statement regarding the applicant's or registrant's skill;

(s) committing any act of sexual abuse, misconduct, or exploitation;

(t) obtaining any fee by fraud, deceit, or misrepresentation;

(u) charging an excessive fee for services rendered;

(v) failing to keep written records justifying the course of treatment of the patient;

(w) delegating naturopathy to a person who the registrant knows or has reason to know is not qualified by training or experience to perform it;

(x) directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, other than through the legal functioning of a professional partnership, professional corporation, limited liability company, or similar business entity that may be performed only by designated licensed or registered professionals;

(y) using experimental forms of diagnosis or



treatment without adequate informed consent of the patient or the patient's legal guardian;

(z) administering, dispensing, or prescribing any natural substance or device for other than an accepted therapeutic purpose;

(aa) offering, undertaking, or agreeing to cure or treat a disease, injury, ailment, or infirmity by a secret means, method, device, or instrumentality;

(bb) offering any treatment that has been demonstrated by controlled trials to lack efficacy or that has been demonstrated by controlled trials as likely to harm the patient, except in the course of clinical investigation. If the registrant participates in a clinical investigation, before the investigation is begun, the registrant shall apply for and obtain approval of the investigation from the board, in addition to meeting all other requirements of applicable laws; or

(cc) violating any provision of these regulations, or any provision of the naturopathic doctor registration act and amendments thereto. (Authorized by and implementing K.S.A. 65-7208; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003.)

**100-72-4. Criteria for approval of programs in naturopathy.** To be recognized by the board as providing an approved educational program in naturopathy, each school of naturopathy shall meet the following standards: (a) The accreditation standards for naturopathic medical education, as specified in part two of the "handbook of accreditation for naturopathic medicine programs," 2002 edition, published by the council on naturopathic medical education and hereby adopted by reference; and

(b) the accreditation criteria of the commission on institutions of higher education of the north central association of colleges and schools, or its regional equivalent, as specified in chapter four of the "handbook of accreditation," second edition, published September 1997, and in the "addendum to the handbook of accreditation, second edition," published March 2002, which are hereby adopted by reference. (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7204; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003.)

**100-72-5. Examinations.** (a) Each applicant for registration by examination as a naturopathic doctor shall submit proof of having passed a nationally administered, standardized examination that is approved by the board and consists of

written questions and practical questions assessing knowledge and proficiency on subject matter from the following content areas:

(1) Basic sciences, including the following:

- (A) Anatomy;
- (B) biochemistry;
- (C) microbiology;
- (D) pathology; and
- (E) physiology; and

(2) clinical sciences, including the following:

- (A) Emergency medicine and public health;
- (B) laboratory diagnosis and diagnostic imaging;

(C) botanical medicine;

(D) clinical nutrition;

(E) physical and clinical diagnosis;

(F) physical medicine;

(G) psychology;

(H) counseling;

(I) ethics; and

(J) homeopathy.

(b) Each applicant for specialty certification in naturopathic acupuncture shall submit proof of having passed a nationally administered, standardized examination that is approved by the board and consists of written and practical questions assessing knowledge and proficiency in acupuncture.

(c) In order to qualify as board-approved, the following examinations as administered by the North American board of naturopathic examiners shall meet the examination standards established by the board in this regulation:

(1) Part I, part II, and the homeopathic add-on clinical series of the naturopathic physicians licensing examinations (NPLEX); and

(2) the acupuncture add-on clinical series of NPLEX.

(d) To pass an approved examination, each applicant for registration shall obtain a criterion-referenced score of at least 75. (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7205; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003.)

**100-72-6. Professional liability insurance.** (a) Each person registered by the board as a naturopathic doctor shall, before rendering professional services within the state, submit to the board evidence that the person is maintaining professional liability insurance coverage as required by K.S.A. 65-7217 and amendments thereto for which the limit of the insurer's liability is not less

than \$200,000 per claim, subject to an annual aggregate of not less than \$600,000 for all claims made during the period of coverage.

(b) Each person registered by the board as a naturopathic doctor and rendering professional services in this state shall submit, with the annual application for renewal of the registration, evidence that the person is maintaining the professional liability insurance coverage specified in subsection (a). (Authorized by K.S.A. 65-7203; implementing K.S.A. 2004 Supp. 65-7217; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003; amended July 22, 2005.)

**100-72-7. Registration renewals; continuing education.** (a) In addition to the annual application for renewal of registration and the registration renewal fee, each registered naturopath who wishes to renew the registration shall submit evidence of satisfactory completion of a minimum of 50 hours of continuing education within the preceding year. At least 20 of these hours shall be taken in a professionally supervised setting, and not more than 30 of these hours may be taken in a non-supervised setting.

(b) Continuing education activities shall be designed to maintain, develop, or increase the knowledge, skills, and professional performance of persons registered to practice as a naturopathic doctor. All continuing education shall deal primarily with the practice of naturopathy. Each continuing education activity that occurs in a professionally supervised setting shall be presented by a provider.

(c) One hour shall mean 60 minutes of instruction or the equivalent.

(d) The content of each continuing education activity shall have a direct bearing on patient care.

(e) An activity occurring in a “professionally supervised setting” shall mean any of the following:

(1) Lecture, which means a discourse given before an audience for instruction;

(2) panel discussion, which means the presentation of a number of views by several professional individuals on a given subject;

(3) workshop, which means a series of meetings designed for intensive study, work, or discussion in a specific field of interest;

(4) seminar, which means directed, advanced study or discussion in a specific field of interest;

(5) symposium, which means a conference that consists of more than a single session and is organized for the purpose of discussing a specific

subject from various viewpoints and by various speakers; or

(6) other structured, interactive, and formal learning methods approved by the board on a case-by-case basis.

(f) An activity occurring in a “non-supervised setting” shall mean any of the following:

(1) Teaching health-related courses to practicing naturopathic doctors or other health professionals;

(2) presenting a scientific paper to an audience of health professionals, or publishing a scientific paper in a medical or naturopathic journal;

(3) engaging in self-instruction, including journal reading and the use of television and other audiovisual materials;

(4) receiving instruction from a medical or naturopathic consultant;

(5) participating in programs concerned with review and evaluation of patient care;

(6) spending time in a self-assessment examination, not including examinations and quizzes published in journals; or

(7) engaging in meritorious learning experiences that provide a unique educational benefit to the registrant.

(g) To provide evidence of satisfactory completion of continuing education, each registrant shall submit the following to the board, as applicable:

(1) Documented evidence of attendance at each activity occurring in a professionally supervised setting; and

(2) proof of participation in each activity occurring in a non-supervised setting, which shall include a copy of any professional publication, the certification of a teaching activity, or the personal verification of any other activity occurring in a non-supervised setting. (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7208; effective, T-100-1-2-03, Jan. 2, 2003; effective Nov. 14, 2003.)

**100-72-8. Naturopathic formulary.** The following list shall constitute the naturopathic formulary for drugs and substances that are approved for intramuscular (IM) or intravenous (IV) administration, or both, by a naturopathic doctor pursuant to a written protocol entered into with a physician:

(a) Electrolytes and carrier solutions:

(1) Sterile water (IV, IM);

(2) electrolyte solution (IV);

(3) lactated ringers (IV);

(4) saline solution (IV); and

- (5) half normal saline (IV);
- (b) vitamins:
  - (1) Vitamin C (IV);
  - (2) B complex (IV, IM);
  - (3) folic acid (IV, IM);
  - (4) vitamin D (IV);
  - (5) vitamin E (IV);
  - (6) vitamin K (IV, IM);
  - (7) vitamin A (IV, IM); and
  - (8) vitamin B<sub>12</sub> (IV, IM);
- (c) minerals:
  - (1) Calcium (IV, IM);
  - (2) chromium (IV, IM);
  - (3) copper (IV, IM);
  - (4) iron (IV, IM);
  - (5) zinc (IV, IM);
  - (6) iodine (IV, IM);
  - (7) magnesium (IV, IM);
  - (8) selenium (IV, IM);
  - (9) molybdenum (IV, IM);
  - (10) vanadium (IV, IM);
  - (11) phosphorus (IV, IM); and
  - (12) manganese (IV, IM);
- (d) amino acids:
  - (1) Amino acids, singular or in combination (IV);
  - (2) glutathione (IV, IM);
  - (3) tryptophan (IV); and
  - (4) 5 hydroxy tryptophan (IV);
- (e) botanicals:
  - (1) Glycyrrhizin (IV, IM); and
  - (2) thujone-free artemisia (IV, IM); and
- (f) the following miscellaneous drugs and substances:
  - (1) Lipids (IV);
  - (2) co-enzyme Q 10 (also known as ubiquinone or Co-Q 10) (IV, IM);
  - (3) alpha lipoic acid (IV, IM);
  - (4) hydrochloric acid (IV);
  - (5) epinephrine (IM);
  - (6) chelators, only with prior board approval:
    - (A) EDTA (IV); and
    - (B) DMPS (IV);
  - (7) diphenhydramine hydrochloride (IV, IM); and
  - (8) atropine sulfate (IV).

(Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7212; effective Jan. 21, 2005.)

**100-72-9. Written protocol.** (a) Each physician entering into a written protocol with a registered naturopathic doctor shall be licensed to practice medicine and surgery in the state of Kan-

sas and shall provide a copy of the protocol to the board within 10 days of entering into the protocol.

(b) Each written protocol between a physician and a naturopathic doctor shall contain the following information:

(1) The date on which the protocol was signed and the signatures of the physician and the naturopathic doctor;

(2) the license number of the physician and the registration number of the naturopathic doctor;

(3) the names of the drugs and substances from the naturopathic formulary, which is specified in K.A.R. 100-72-8, that the naturopathic doctor will be allowed to administer and the method of administration of each drug and substance;

(4) the usage and dosage authorized for each drug and substance;

(5) any warning or precaution associated with the administration of each drug and substance;

(6) a statement that a current copy of the protocol will be maintained at each practice location of the physician and the naturopathic doctor and that any change made to the protocol will be provided to the board within 10 days of making the change;

(7) a statement that the physician is professionally competent to order each drug and substance that the protocol authorizes the naturopathic doctor to administer and that treating the conditions identified in the protocol is within the lawful and customary practice of the physician;

(8) a statement that the authority to administer any drug or substance intravenously is limited to times when the physician either is physically present in the same building or can be present within five minutes at the location where the service is performed;

(9) the identification of any task or service that the physician delegates to any unlicensed person working with the naturopathic doctor;

(10) a statement that emergency procedures have been established by the physician and adopted by the naturopathic doctor to protect the patient in the absence of the physician and that the naturopathic doctor is competent to carry out those emergency procedures; and

(11) any conditions imposed by the physician on the naturopathic doctor before the administration of any of the drugs and substances listed in the protocol.

(c) Each written protocol shall be reviewed by the physician and naturopathic doctor at least annually, and each review shall be signed and dated

on the current copy of the protocol. (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7202; effective Nov. 19, 2004.)

### Article 73.—RADIOLOGIC TECHNOLOGISTS

**100-73-1. Fees.** The following fees shall be collected by the board:

(a) Application for license .....	\$50.00
(b) Annual renewal of license:	
(1) Paper renewal .....	\$40.00
(2) On-line renewal .....	\$37.50
(c) Late renewal of license:	
(1) Paper late renewal .....	\$45.00
(2) On-line late renewal .....	\$42.00
(d) Reinstatement of cancelled license .....	\$50.00
(e) Certified copy of license .....	\$15.00
(f) Temporary license .....	\$25.00
(g) Reinstatement of revoked license .....	\$100.00

(Authorized by K.S.A. 2006 Supp. 65-7312; implementing K.S.A. 2006 Supp. 65-7308; effective, T-100-7-1-05, July 1, 2005; effective Sept. 23, 2005; amended Aug. 17, 2007.)

**100-73-2. Application.** (a) Each individual for licensure as a radiologic technologist shall submit an application on a form provided by the board. The form shall contain the following information in plain, legible writing:

- (1) The applicant's full name;
- (2) the applicant's social security number;
- (3) the applicant's residence address and, if different from the residence address, the applicant's current mailing address;
- (4) the applicant's date and place of birth;
- (5) the name of the professional school attended, the degree received, and the date of graduation;
- (6) employment information for the five years before the date of the application;
- (7) information on whether the applicant is currently certified or registered by any national organization; and
- (8) for each license, registration, or certification issued to the applicant to practice any health care profession, the following information:
  - (A) The date of issuance;
  - (B) the identifying number on the license, registration, or certification; and
  - (C) the place of issuance, specifying the state,

country, or territory, or the District of Columbia; and

(9) documentation of any prior acts constituting unprofessional conduct as defined in K.S.A. 65-7313, and amendments thereto, and K.A.R. 100-73-6.

(b)(1) Each applicant shall submit the following with the application:

(A) The fee required by K.A.R. 100-73-1;

(B) an official transcript for the applicant from an educational program approved by the board, as specified in K.A.R. 100-73-3;

(C) a copy of the applicant's diploma from an approved educational program. The copy shall be certified by a notarial officer;

(D) a verification from each state or jurisdiction where the applicant has been issued any license, registration, or certification to practice any health care profession; and

(E) a photograph of the applicant taken within 90 days of submission of the application for licensure.

(2) In addition to meeting the requirements specified in paragraph (1) of this subsection, each applicant shall have the results of the applicant's written examination, as specified in and required by K.A.R. 100-73-4, provided directly to the board by the testing entity.

(c) Each applicant shall sign the application under oath.

(d) Each applicant who applies for a license under K.S.A. 65-7306(a) and amendments thereto shall, in lieu of providing the information requested in paragraphs (a)(5), (a)(7), (b)(1)(B), (b)(1)(C), and (b)(2), provide all of the following:

(1) A statement signed by the applicant, as described in subsection (f), stating that the applicant has engaged in the practice of radiologic technology for a period of at least two years during the three years immediately preceeding July 1, 2005 and listing the dates and places where the applicant practiced;

(2) a certificate of employment signed by each employer listed in paragraph (d)(1); and

(3) proof of successful completion from a secondary school or its equivalent.

(e) In lieu of providing the information required in paragraphs (a)(5), (b)(1)(B), (b)(1)(C), and (b)(2), each applicant who applies for a license under K.S.A. 65-7306(b), and amendments thereto, shall submit the following:

(1) A statement signed by the applicant that the applicant engaged in the practice of radiologic



technology, as described in subsection (f), before July 1, 2005; and

(2) proof of successful completion from a secondary school or its equivalent.

(f) Each applicant shall be deemed to have been engaged in the practice of radiologic technology if the applicant performed at least 100 radiologic procedures during a calendar year on any of the following anatomic regions or any combination of these regions:

- (1) The chest and thorax;
- (2) the upper extremities;
- (3) the lower extremities;
- (4) the cranium;
- (5) the spine and pelvis; or

(6) the abdomen. (Authorized by K.S.A. 2004 Supp. 65-7312; implementing K.S.A. 2004 Supp. 65-7305 and 65-7306; effective, T-100-7-1-05, July 1, 2005; effective Sept. 23, 2005.)

**100-73-3. Criteria for approval of programs in nuclear medicine technology, radiation therapy, and radiography.** (a) To be recognized by the board as providing an approved educational program in radiation therapy or radiography, each school shall meet one of the following:

(1) The accreditation standards for the radiologic sciences, as specified in the "standards for an accredited educational program in radiologic sciences," adopted and published by the joint review committee on education in radiologic technology, effective January 1, 2002 and hereby adopted by reference; or

(2) the accreditation criteria of the commission on institutions of higher education of the north central association of colleges and schools, or its regional equivalent, as specified in chapter four of the "handbook of accreditation," second edition, published September 1997, and in the "addendum to the handbook of accreditation," second edition, published March 2002, which are hereby adopted by reference.

(b) To be recognized by the board as providing an approved educational program in nuclear medicine technology, each school shall meet one of the following:

(1) The accreditation standards for nuclear medicine technologist as specified in the "essentials and guidelines for an accredited educational program for the nuclear medicine technologist," adopted and published by the joint review committee on educational programs in nuclear medi-

cine technology, as revised in 2003 and hereby adopted by reference; or

(2) the accreditation criteria of the commission on institutions of higher education of the north central association of colleges and schools, or its regional equivalent, as specified in chapter four of the "handbook of accreditation," second edition, published September 1997, and in the "addendum to the handbook of accreditation," second edition, published March 2002, which are adopted by reference in paragraph (a)(2). (Authorized by K.S.A. 2004 Supp. 65-7312; implementing K.S.A. 2004 Supp. 65-7305; effective, T-100-7-1-05, July 1, 2005; effective Sept. 23, 2005.)

**100-73-4. Examinations.** (a) Each applicant for licensure as a radiologic technologist who has completed a course of study in radiography shall submit proof of having passed a nationally administered, standardized examination. This examination shall be one that is approved by the board and consists of written questions assessing knowledge on subject matter from the following content categories:

- (1) Radiation protection;
- (2) equipment operation and quality control;
- (3) image production and evaluation;
- (4) radiographic procedures; and
- (5) patient care and education.

(b) Each applicant for licensure as a radiologic technologist who has completed a course of study in radiation therapy shall submit proof of having passed a nationally administered, standardized examination. This examination shall be one that is approved by the board and consists of written questions assessing knowledge on subject matter from the following content categories:

- (1) Radiation protection and quality assurance;
- (2) clinical concepts in radiation oncology;
- (3) treatment planning;
- (4) treatment delivery; and
- (5) patient care and education.

(c) Each applicant for licensure as a radiologic technologist who has completed a course of study in nuclear medicine technology shall submit proof of having passed a nationally administered, standardized examination. This examination shall be one that is approved by the board and consists of written questions assessing knowledge on subject matter from the following content categories:

- (1) Radiation protection and safety;
- (2) radionuclides and radiopharmaceuticals;
- (3) instrumentation and quality control;

- (4) diagnostic and therapeutic procedures; and
- (5) patient care and education.

(d) Each applicant who has passed an approved examination required for licensure and has not been in the active practice of radiologic technology for more than one year but fewer than four years from the date the application was submitted shall provide the board with one of the following:

(1) Evidence of completion of a minimum of 12 continuing education credits for each year during which the applicant has not been in active practice;

(2) proof of current active status certification by the American registry of radiologic technologists or the nuclear medicine technology certification board; or

(3) proof that the applicant has passed an approved examination required for licensure within the 12 months before the date the application was submitted.

(e) Each applicant who has passed an approved examination for licensure and has not been in the active practice of radiologic technology for four years or more from the date the application was submitted shall provide the board with one of the following:

(1) Proof of current active status certification by the American registry of radiologic technologists or the nuclear medicine technology certification board; or

(2) proof that the applicant has passed an approved examination required for licensure within the 12 months before the date the application was submitted.

(f) To pass an approved examination, each applicant shall obtain a scaled score of at least 75. (Authorized by K.S.A. 2004 Supp. 65-7312; implementing K.S.A. 2004 Supp. 65-7305 and 65-7306, as amended by L. 2005, ch. 34, § 3; effective, T-100-7-1-05, July 1, 2005; effective Sept. 23, 2005.)

**100-73-5. Expiration of license.** (a) Each radiologic technologist license issued before June 1, 2006 shall expire on September 30, 2006.

(b) For each license issued on or after June 1, 2006, the following requirements shall apply:

(1) Each radiologic technologist license issued within the seven-month period beginning June 1 and ending December 31 shall expire on September 30 of the following year.

(2) Each radiologic technologist license issued within the five-month period beginning January 1

and ending May 31 shall expire on September 30 of the same year. (Authorized by K.S.A. 2004 Supp. 65-7312; implementing K.S.A. 2004 Supp. 65-7307; effective, T-100-7-1-05, July 1, 2005; effective Sept. 23, 2005.)

**100-73-6. Unprofessional conduct; defined.** “Unprofessional conduct” shall mean the commission of any of the following by an applicant or a licensee: (a) Having a radiologic technologist license, registration, or certification revoked, suspended, or limited or having an application for any of these credentials denied by the proper regulatory authority of another state, territory, or country, or of the District of Columbia;

(b) cheating or attempting to subvert the validity of the examination required for registration;

(c) failing to furnish to the board, or to its investigators or representatives, any information legally requested by the board;

(d) being sanctioned or disciplined by a peer review committee, or a medical care facility for acts or conduct that would constitute grounds for denial, limitation, suspension, or revocation of a license under K.S.A. 65-7313 and amendments thereto;

(e) surrendering a license, registration, or certification to practice radiologic technology in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, limitation, suspension, or revocation of a license under K.S.A. 65-7313 and amendments thereto;

(f) being professionally incompetent, as defined in K.S.A. 65-2837 and amendments thereto;

(g) willfully betraying confidential information;

(h) committing conduct likely to deceive, defraud, or harm the public;

(i) committing any act of sexual abuse, misconduct, or exploitation;

(j) delegating radiologic technology to a person who the licensee knows or has reason to know is not qualified by training or experience to perform it; or

(k) violating any provision of these regulations or any provision of the radiologic technologists practice act and amendments thereto. (Authorized by and implementing K.S.A. 2004 Supp. 65-7313; effective, T-100-7-1-05, July 1, 2005; effective Sept. 23, 2005.)

**100-73-7. License renewal; continuing education.** (a) As a condition of license renewal, each licensed radiologic technologist shall certify,

on the form provided with the license renewal application, that, during the 12-month period immediately preceding the license expiration date, the person completed at least 12 credits of continuing education. This requirement shall not apply to any person renewing a license for the first time.

(b) Any licensee may request that the board grant an extension of the time to complete the required continuing education if, during the 12-month period immediately preceding the license expiration date, the person experienced an undue hardship resulting from illness, injury, or any other circumstance preventing the licensee's timely completion of continuing education.

(c) One credit shall be 50 minutes of instruction or the equivalent.

(d) Each person who certifies completion of continuing education shall, for at least three years following the date of certification, maintain documentation of completion that shall include one of the following:

(1) A verification of completion issued by a national, state, or local organization with standards for continuing education that are at least as stringent as the standards of the board;

(2) a copy of the written materials provided with the continuing education activity, along with documentation of all of the following:

(A) The name, address, and telephone number of the activity sponsor and the name and telephone number of a contact person for the activity sponsor;

(B) the title of the continuing education activity;

(C) the date and location of the activity;

(D) specification of whether the activity was presented in person or by video, satellite, or internet;

(E) the number of continuing education credits completed;

(F) the activity agenda;

(G) the name and professional biographical information of each presenter; and

(H) written proof of participation; or

(3) a notarized certificate of current registration with the American registry of radiologic technologists or the nuclear medicine technology certification board.

(e) Within 30 days following a written request by the board to a licensee, the licensee shall provide the board with proof of completion of continuing education as specified in this regulation.

(f) The categories of continuing education experiences shall be the following:

(1) Meetings and courses. Meetings and courses shall be planned, organized, and administered to enhance the knowledge and skills that a radiologic technologist uses to provide services to patients, the public, or the medical profession. Meetings and courses shall include the following:

(A) Symposium. "Symposium" shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers.

(B) Seminar. "Seminar" shall mean directed advanced study or discussion in a specific field of interest.

(C) Workshop. "Workshop" shall mean a series of meetings designed for intensive study, work, or discussion in a specific field of interest.

(D) Conference. "Conference" shall mean a formal meeting of a number of people for a discussion in a specific field of interest.

(E) Home study course. "Home study course" shall mean a correspondence course designed for advanced study in a specific field of interest.

(2) Leadership. Leadership shall include any presentation at one of the types of meetings described in paragraphs (f)(1)(A) through (D). The number of credits granted for leadership shall be the following:

(A) Six credits for instructor or instructor-trainer at a cardiopulmonary resuscitation (CPR) course provided by the American red cross, American heart association, or American safety and health institute; and

(B) two credits for the development of each one-hour presentation that meets the requirements of paragraph (f)(1)(A), (B), (C), or (D).

(3) Classwork. Classwork shall include the following:

(A) Six credits for satisfactory completion of an advanced life support class or a pediatric life support class provided by the American red cross, the American heart association, or the American safety and health institute; and

(B) 12 credits for each academic quarter or semester credit granted by a post-secondary educational institution in a course that is relevant to radiologic technology or patient care for which the student received a grade of at least C or its equivalent, or a grade of pass in a pass-fail course. Relevant courses shall include courses in the biologic sciences, physical sciences, radiologic sciences,

health and medical sciences, social studies, communication, mathematics, computers, management, and education methodology.

(g) Each continuing education activity offered using distance-learning media shall qualify for continuing education credit if the activity is in one of the categories of continuing education experiences specified in subsection (f) and meets all of the following conditions:

(1) The activity has a mechanism in place for the user to be able to contact the provider regarding questions about the continuing education activity.

(2) The provider of the activity evaluates the user's knowledge of the subject matter discussed in the continuing education activity.

(3) The activity limits the amount of time within which a user can complete the activity, which shall be no more than twice the number of hours for each credit awarded for the activity.

(4) The person or organization offering the activity provides a printed verification of completion of the activity or allows the user to print verification when the activity is completed. (Authorized by K.S.A. 2005 Supp. 65-7307 and 65-7312; implementing K.S.A. 2005 Supp. 65-7307; effective Nov. 27, 2006.)

**100-73-8. Reinstatement; canceled and revoked licenses.** (a) Each applicant desiring to reinstate a license that has been canceled for failure to renew for more than 30 days shall submit proof of continuing education to the board as follows:

(1) If the time since the license was canceled has been one year or less, no continuing education shall be required in addition to that which would have been necessary had the license been renewed before cancellation.

(2) If the time since the license was canceled has been more than one year but fewer than four years, the applicant shall provide one of the following:

(A) Evidence of completion of a minimum of 12 credits of continuing education for each year during which the applicant has not been in active practice;

(B) proof of completion of the continuing education required by the American registry of radiologic technologists or nuclear medicine technology certification board, as evidenced by proof of current active status certification; or

(C) proof that the applicant has passed an examination required for a license within 12 months before the date the application was submitted.

(3) If the time since the license was canceled has been four years or more, the applicant shall provide one of the following:

(A) A notarized certificate of current registration with the American registry of radiologic technologists or nuclear medicine technology certification board; or

(B) proof that the applicant has passed the examination required for a license within 12 months before the date on which the application was submitted.

(4) If, since the date the license was canceled, the applicant has been in active practice as a radiologic technologist in another state or jurisdiction that requires a license, registration, or certification to practice, the applicant shall submit proof of the current license, registration, or certification and proof of compliance with the continuing education requirements of that jurisdiction.

(b) Each applicant seeking reinstatement of a revoked license shall be required to successfully complete an individually tailored program approved by the board. (Authorized by K.S.A. 2005 Supp. 65-7307 and 65-7312; implementing K.S.A. 2005 Supp. 65-7307; effective Nov. 27, 2006.)

**100-73-9. Continuing education; persons exempt from licensure.** Each person who performs any radiologic technology procedures and who is exempt from the licensure requirement pursuant to K.S.A. 65-7304(f), and amendments thereto, shall obtain 12 credits of continuing education each calendar year. The continuing education shall meet the criteria for continuing education specified in K.A.R. 100-73-7 and shall include the subjects for the training of x-ray equipment operators specified in K.A.R. 28-35-256. (Authorized by K.S.A. 2006 Supp. 65-7312; implementing K.S.A. 2006 Supp. 65-7304; effective July 6, 2007; amended March 28, 2008.)

#### **Article 75.—CONTACT LENSES**

**100-75-1. Fees.** The following fees shall be collected by the board:

(a) Application for registration .....\$150.00

(b) Annual renewal .....\$150.00

(Authorized by K.S.A. 65-4968; implementing K.S.A. 65-4967; effective, T-100-1-2-03, Jan. 2, 2003; effective May 23, 2003.)